

Amended

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 MAY 16 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L01000020368**

1. Entity Name

Robard Management Services, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2229 N. Commerce Pkwy

3. Mailing Address

Same

Suite, Apt. #, etc.
2nd Floor

Suite, Apt. #, etc.

City & State

City & State

Weston FL

Zip
33326

Country
USA

Zip

Country

4. FFI Number

46-0463793

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Robert Watine

Street Address (P.O. Box Number is Not Acceptable)

2229 N. Commerce Pkwy

2nd Floor

City

Weston

FL

Zip

33326

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and fee applicable.

Robert Watine, Administrator

4/25/02

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

400005666324--4

06/03/02-01099-019

*******50.00 *****50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BLA + L Associates, Inc.
525 Coconut Circle
Weston, FL 33326

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Weston Surgery Inc
2229 N. Commerce Pkwy
Weston, FL 33326

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Signature and typed or printed name of signing managing member, manager, or authorized representative

Robert Watine, Administrator

Date

4/25/02

Daytime Phone #

954 315 0380

CR2E083B (12/01)