

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

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91595 045 ****50.00

DOCUMENT # L01000021287

1. Entity Name

MALLORY II, LLC

DO NOT WRITE IN THIS SPACE

968255

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

MALLORY SQUARE II LLC

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

CARY GLICKSTEIN

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

277 SE 5TH AVENUE

City

DELRAY BEACH

FL

Zip Code

33483

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 title if applicable.

5/17/02

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. **PRESIDENT / MANAGING MEMBERS / MANAGERS**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CARY GLICKSTEIN
277 SE 5TH AVENUE
DELRAY BEACH, FL 33483

TITLE
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CITY-ST-ZIP

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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:

Cary Glickstein

5/17/02 561.279.8952

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)