

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

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

03-05-2002 90017 015 \*\*\*\*\*50.00

DOCUMENT # L01000021678

1. Entity Name

GREENS OF LAGO MAR, L.L.C.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

13248 W. BROWARD BLVD

Suite, Apt. #, etc.

3. Mailing Address

9715 W. BROWARD BLVD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Plantation FL

City & State  
PLANTATION FL

4. FEI Number

30-0043116

Applied For

Not Applicable

Zip  
33325

Country  
USA

Zip  
33324

Country  
USA

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

SARAH BILIA

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

380 TORCHWOOD AVE

City

Plantation

FL

Zip Code

33324

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.

2-20-02  
DATE

**FEE IS \$50.00**

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

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MANAGER

MOTI BILIA

380 TORCHWOOD AVE Plant  
33324

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

V.P.

SARAH BILIA

380 TORCHWOOD AVE Plantation  
FL 33324

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P.  
DAVID BILIA

380 TORCHWOOD AVE Plant  
FL 33324

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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

SARAH BILIA

2-8-02 (954) 741-2636

Date

Daytime Phone #

CR2E083B (12/01)