

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

DOCUMENT # L01000021723

1. Entity Name

FLYNN INVESTMENTS, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 MAY -2 PM 3:20

4/5/20

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

500 East Broward Boulevard

Suite, Apt. #, etc.

Suite 1950

City & State

Fort Lauderdale

Zip

33394

Country

USA

3. Mailing Address

500 East Broward Boulevard

Suite, Apt. #, etc.

Suite 1950

City & State

Fort Lauderdale

Zip

33394

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

☒

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Conrad J. Boyle, Esquire

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

500 East Broward Boulevard, Suite 1950

City

Fort Lauderdale

FL

Zip Code  
33394

**DO NOT WRITE  
IN THIS SPACE**

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.

DATE

**FEE IS \$50.00**

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

400005431414--7  
-05/02/02--01063--014

\*\*\*\$200.00 \*\*\*\$50.00

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
MGR  
Flynn, Thomas V. III  
STREET ADDRESS  
500 East Broward Blvd., Suite 1950  
CITY-ST-ZIP  
Fort Lauderdale, FL 33394

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

Date

Daytime Phone #

CR2E083B (12/01)