

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

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90215 032 ****50.00

DOCUMENT # L01000021731

1. Entity Name

AHSFPD, L.L.C.

DO NOT WRITE IN THIS SPACE

966280

2. Principal Place of Business

11820 NW 37 STREET

3. Mailing Address

11820 NW 37 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

CORAL SPRINGS, FL

City & State

CORAL SPRINGS, FL

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

Country

33065

USA

Zip

Country

33065

USA

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name GEORGE J. OVERMEYER

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

11820 NW 37 STREET

City CORAL SPRINGS

FL

Zip Code

33065

**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.

GEORGE J. OVERMEYER

DATE

4/29/02

FEE IS \$50.00

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME BRYAN W. BAMAN
STREET ADDRESS 11820 NW 37 STREET
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR
NAME NORMAN J. HOSFEN
STREET ADDRESS 11820 NW 37 STREET
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR
NAME JAMES P. CEFARATTI
STREET ADDRESS 11820 NW 37 STREET
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR
NAME GEORGE J. OVERMEYER
STREET ADDRESS 11820 NW 37 STREET
CITY-ST-ZIP CORAL SPRINGS, FL 33065

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

CR2E083B (12/01)

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 #

GEORGE J. OVERMEYER

4/29/02

796-3338

(954)

(EXT. 15)