

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

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90032 040 \*\*\*\*50.00

DOCUMENT # L01000021964

1. Entity Name

420 N. MAIN ST., LLC

956160

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

One Towne Square

Suite, Apt. #, etc.

Suite# 1913

City & State

Southfield, Michigan

Zip

48076

Country

U.S.A.

3. Mailing Address

One Towne Square

Suite, Apt. #, etc.

Suite# 1913

City & State

Southfield, Michigan

Zip

48076

Country

U.S.A.

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4. FEI Number

30-0017382

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

City

Plantation

FL

Zip Code

33324

**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 NA

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Seligman FLP, Inc. One Towne Square, Suite# 1913 Southfield, MI 48076	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: Scott J. Seligman, President of Seligman FLP, Inc.

4/26/02

248-862-8000

CR2E083B (12/01)