

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

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90592 001 ***450.00

DOCUMENT # L01000022517

1. Entity Name

TEX-MEM SITELITE, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

16410 MADDALENA PLACE
DELRAY BEACH, FL 33446

Suite, 16410 MADDALENA PLACE
DELRAY BEACH, FL 33446

DO NOT WRITE IN THIS SPACE

City & State 561.496.2123

City & State 561.496.2123

4. FEI Number

☒ Applied For
☐ Not Applicable

(fax) 561.496.6244

(fax) 561.496.6244

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 **JEFFREY KUKES**

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

16410 MADDALENA PLACE
DELRAY BEACH, FL 33446

City 561.496.2123

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent to 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**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
JJK MANAGER, INC.
DELRAY BEACH

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP
16410 MADDALENA PLACE
DELRAY BEACH, FL 33446
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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:

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

Date

Daytime Phone #

JEFFREY KUKES
RESIDENT 4/10/02

561-496-2123

CR2E083B (12/01)