

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000000462

1. Entity Name
MADNIC LLC



Principal Place of Business

**7900 GLADES ROAD
SUITE 430
BOCA RATON, FL 33434**

Mailing Address

**7900 GLADES ROAD
SUITE 430
BOCA RATON, FL 33434**



04122004No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

04-3590504

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TOPPEL, JONATHAN
7900 GLADES ROAD
SUITE 430
BOCA RATON, FL 33434**

**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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

000000119259
04/19/04-80094-005 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE

MGR

NAME

TOPPEL, JONATHAN

STREET ADDRESS

7900 GLADES ROAD

CITY - ST - ZIP

BOCA RATON, FL 33434

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

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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)(c), 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/19/04 561-451-4696