## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 14, 2003 8:00 am Secretary of State

U	NIFORM BUSINE	SS REPUR	TUE	BR)	<u>.</u>	Secret	ary or S	late	
DOCUMENT # L0200003326  1. Entity Name  AARON TAYLOR & ASSOCIATES, L.L.C.						02-17-200:	3 90003 029 ***	*50.00	
Principal Pla	ce of Business	Mailing Address	<u></u>		Ī				
1082 SOUTH MILITARY TRAIL. APT. #306 1092 SOUTH MILITARY TRAIL DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442						rbií Sis onurb redif Bucce Once.	88714 46214 F4186 04188 11478		
2. Principal i	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES					
City & State		City & State			4. FEI Nun	10er 41 - 2	~~~~~~ <del>~~~~</del>	pplied For lot Applicable	]
Zip Country		Zip Coun			5. Certificate of Status Desired		☐ \$5.00 Ac Fee Requir	lditional ed	]
8. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					4
TAYLOR, AARON W				lame			, <del></del>		
109	eor, aaron v 2 South Military Trail, apt. #3 Prield Beach Fl 33442		8	Street Address (P.O. Box Number is Not Acceptable)					
			-	City		<del></del>	FL Zip Cox	te	
	named entity submits this statement or	the purpose of changing its	registered o	ffice or registere	ed agent, or b	ooth, in the State of Flor	rida. I am familiar with,	and accept	1
the obligations of registered agent:									
SIGNATURE				1-30-03					
MOTE: Registered Agent signature required when reinstating)  DATE  DATE									-
FILE NOW Make Check Payable									
			e to Floric By May 1		it or state				1
	AMANG NO MENTANCE	_1				40017:01:0	01441050		1
9.	MANAGING MEMBER	Delete	10.			ADDITIONS/	CHANGES Change	Addition	ไฐ
NAME	ALPON TAYLOR		NAME				C Outside		ğ
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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 interied by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REOUTRED

OFFINITED NAME OF SIGNING MANAGENT STEMBED MANAGER, OR AUTHORIZED REPRESENTATIVE

April 10, 2003

954-599-903

Daytime Phone #