

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90005 012 *****50.00

0011386

DOCUMENT # L02000003536

1. Entity Name

TAIT, LLC



Principal Place of Business

Mailing Address

**2900 UNIVERSITY DRIVE, SUITE 17
CORAL SPRINGS FL 33065**

**2900 UNIVERSITY DRIVE, SUITE 17
CORAL SPRINGS FL 33065**

2. Principal Place of Business

11943 NW 37th Street

3. Mailing Address

11943 NW 37th Street

Suite, Apt. #, etc.

~~SUITE 38~~

Suite, Apt. #, etc.

~~SUITE 38~~

City & State

CORAL SPRINGS FL

City & State

CORAL SPRINGS

Zip

33065

Country

USA

Zip

FL

Country

33065

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

01-0596991

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCDONNELL, JOHN

**~~2900 UNIVERSITY DRIVE, SUITE 17~~
CORAL SPRINGS FL 33065**

7. Name and Address of New Registered Agent

Name

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

11943 NW 37th Street

~~SUITE 38~~

City

CORAL SPRINGS

FL

Zip Code

33065

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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 REQUIRED

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

3/24/03

Date

954-752-2447

Daytime Phone #

CR2E083 (10/02)