

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90004 006 ****50.00

DOCUMENT # L02000003573

1. Entity Name
TOP KNOTCH TOPSIDE BOAT CLEANING & DETAILING, LLC



Principal Place of Business
828 NORTH LAKE AVENUE
2
DELRAY BEACH, FL 33483

Mailing Address
828 NORTH LAKE AVENUE
2
DELRAY BEACH, FL 33483

2. Principal Place of Business
1008 SE 3rd St.
Suite, Apt. #, etc.

3. Mailing Address
1008 SE 3rd St
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Boynton Beach, FL

City & State
Boynton Beach, FL

Zip
33435

Country
USA

Zip
33435

Country
USA

4. FEI Number
☒ Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
HERRERA, JOHN A ESQ.
2501 SOUTH OCEAN BOULEVARD
107
BOCA RATON, FL 33432

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____ (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		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member / President Shari L. Tellman 1008 SE 3rd St. Boynton Beach, FL 33435 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 required by Chapter 606, Florida Statutes.

SIGNATURE: Shari L. Tellman 3/10/2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)