

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

5/7/20

FILED
Jun 09, 2003 8:00 am
Secretary of State

05-07-2003 90045 038 ****50.00

DOCUMENT # L02000003766

1. Entity Name

OAK FOREST ASSOCIATES, LLC



Principal Place of Business

888 SEVENTH AVE., STE. 402
NEW YORK NY 10106

Mailing Address

888 SEVENTH AVE., STE. 402
NEW YORK NY 10106

44004136

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

30-449-0981

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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

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	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	MANAGING member				
	Hersh Susnoff				
	427 Bedford Road				
	Pleasantville, NY 10570				

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: HERSH SUSNOFF, MEMBER

Date

4/30/03

Daytime Phone #

914-747-3644

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

CR2E083 (10/02)

Attachment 44004136

CHAPPAQUA CAPITAL CORP.

427 BEDFORD ROAD
PLEASANTVILLE, NY 10570

102000003766

May 2, 2003

914-747-3644

FAX 914-747-3646

Florida Department of State
Division of Corporations
P. O. Box 6478
Tallahassee, FL 32314-6478

Re: Oak Forest Associates, LLC

Gentlemen:

Please be advised that all notices, communications and statements relating to the above
entity should be sent to the following address:

Oak Forest Associates LLC
427 Bedford Road
Suite 280
Pleasantville, NY 10570

Very truly yours,

10/1
Hershel D. Sosnoff
Managing Member

HDS/sc