

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

04-14-2003 90233 045 ***150.00

0030190

DOCUMENT # L02000004502

1. Entity Name

TWO WHEEL ASSOCIATES, LLC



Principal Place of Business

7301-A WEST PALMETTO PARK RD., STE. 305-C
BOCA RATON FL 33433

Mailing Address

7301-A WEST PALMETTO PARK RD., STE. 305-C
BOCA RATON FL 33433

2. Principal Place of Business

3. Mailing Address

200 W. Palmetto Park Rd

200 W. Palmetto Park Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

301

301

City & State

Boca Raton, Florida

City & State

Boca Raton, Florida

Zip

33432

Country

Zip

33432

Country

4. FEI Number

02-0573089

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

7. Name and Address of New Registered Agent

NILES, LOIS B

7301-A WEST PALMETTO PARK RD., STE. 305-C

BOCA RATON FL 33433

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

Lois B Niles
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

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **NILES, LOIS B**
STREET ADDRESS **7301-A WEST PALMETTO PARK RD., STE. 305-C**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE ☐ Change ☐ Addition
NAME ☒ Change ☐ Addition
STREET ADDRESS **200 W. Palmetto Park Rd, Ste 301**
CITY-ST-ZIP **Boca Raton, FL 33432**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Lois B Niles
SIGNATURE REQUIRED

4/10/03

Date

561-955-0025

Daytime Phone #

CR2E083 (10/02)