

FROM : FLEISCHMAN, SCHULOF & SCHREIBER FAX : 7186923517

9/25/2003-90042-009-\$50.00-\$50.00

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

FILED

03 OCT 14 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000004702

1. Entity Name

RICHARD S. ALLINSON, LLC



Principal Place of Business

2482 N.W. 66TH DRIVE
BOCA RATON FL 33486

Mailing Address

2482 N.W. 66TH DRIVE
BOCA RATON FL 33486

2. Principal Place of Business

2. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03-0529370

Applied For
Not Applicable

5. Certificate of Status Desired

6

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALLINSON, RICHARD S
2482 N.W. 66TH DRIVE
BOCA RATON FL 33486

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 reappointing)

DATE

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
	ALLINSON, RICHARD S	2482 N.W. 66TH DRIVE	BOCA RATON FL 33486	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change	☐ Addition
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change	☐ Addition
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change	☐ Addition
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change	☐ Addition
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change	☐ Addition
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ 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)(1), 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: X

Richard S. Allison

9/23/03

(561) 998-7821

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

DATE

Capitals Please