

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90027 027 ****50.00

DOCUMENT # L02000005136

1. Entity Name

AVIRAM FAMILY II, LLC



Principal Place of Business

**25-2ND STREET NORTH, SUITE 430
ST. PETERSBURG FL 33701**

Mailing Address

**1 PROGRESS PLAZA #450
ST. PETERSBURG FL 33701**

2. Principal Place of Business

ONE PROGRESS PLAZA

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE #450

City & State

ST. PETERSBURG, FLA

Zip

33701

Country

USA

4. FEI Number

510430356

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

AVIRAM, JIMMY

**25-2ND STREET NORTH, SUITE 430
ST. PETERSBURG FL 33701**

7. Name and Address of New Registered Agent

Name

Jimmy Aviram

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

ONE PROGRESS PLAZA

SUITE #450

City

ST. PETERSBURG

FL

Zip Code

33701

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)

1/10/03

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

Jimmy Aviram ☐ Delete
ONE PROGRESS PLAZA SUITE 450
ST. PETERSBURG, FLA 33701

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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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

1/10/03

727 8034337

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

Date

Daytime Phone #

CR2E083 (10/02)