

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90314 007 ****50.00

DOCUMENT # L02000005662

1. Entity Name

AARRAY LLC



Principal Place of Business

**10236 SERENE MEADOWS DRIVE NORTH
BOCA RATON FL 33428**

Mailing Address

**10236 SERENE MEADOWS DRIVE NORTH
BOCA RATON FL 33428**

20012294

2. Principal Place of Business

2840 NW BOCA RATON BLVD

3. Mailing Address

2840 NW BOCA RATON BLVD

Suite, Apt. #, etc.

Bldg. 2 - Suite C

Suite, Apt. #, etc.

Bldg. 2 - Suite C

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33431

Country

USA

Zip

33431

Country

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

412030731

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145**

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 **MGR** ☐ Delete
NAME **TRISKA, KAROLINA**
STREET ADDRESS **10236 SERENE MEADOWS DRIVE NORTH**
CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

Operations MGR ☐ Change ☐ Addition
NAME **Triska, Karolina**
STREET ADDRESS **2840 NW Boca Raton Blvd, Bldg 2 - Suite C**
CITY-ST-ZIP **Boca Raton, FL 33431**

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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:

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

KAROLINA Triska

Date

1/10/03

Daytime Phone #

561-447-9490

CR2E083 (10/02)