

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90588 004 ****50.00

DOCUMENT # L02000006632

1. Entity Name

O'CONNOR ENTERPRISES OF SOUTH FLORIDA, LLC



Principal Place of Business

**1774 SYCAMORE TERRACE
WESTON FL 33327**

Mailing Address

**1774 SYCAMORE TERRACE
WESTON FL 33327**

2. Principal Place of Business

305 NW EMILIA WAY

3. Mailing Address

305 NW EMILIA WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JENSEN BEACH, FL

City & State

JENSEN BEACH, FL

4. FEI Number

75-3031847

Applied For

Not Applicable

Zip

34957

Country

USA

Zip

34957

Country

USA

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**O'CONNOR, MICHAEL D
1774 SYCAMORE TERRACE
WESTON FL 33327**

Name

O'CONNOR, MICHAEL D

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

305 NW EMILIA WAY

City

JENSEN BEACH

FL

Zip Code

34957

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

Michael D. O'Connor

OPERATING MANAGER

4/29/03

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 **O'CONNOR, MICHAEL D**
STREET ADDRESS **1774 SYCAMORE TERRACE**
CITY-ST-ZIP **WESTON FL 33327**

TITLE **MGR** ☒ Change ☐ Addition
NAME **O'CONNOR, MICHAEL D**
STREET ADDRESS **305 NW EMILIA WAY**
CITY-ST-ZIP **JENSEN BEACH, FL 34957**

TITLE **MGR** ☐ Delete
NAME **O'CONNOR, CINDY L**
STREET ADDRESS **1774 SYCAMORE TERRACE**
CITY-ST-ZIP **WESTON FL 33327**

TITLE **MGR** ☒ Change ☐ Addition
NAME **O'CONNOR, CINDY L**
STREET ADDRESS **305 NW EMILIA WAY**
CITY-ST-ZIP **JENSEN BEACH, FL 34957**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Michael D. O'Connor

4/29/03

(772) 692-0565

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

Date

Daytime Phone #

CR2E083 (10/02)