

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State

04-30-2003 90180 036 ****50.00

DOCUMENT # L02000006912

1. Entity Name

MCCABE & SAMILJAN, L.L.C.



Principal Place of Business

**2135 SOUTH CONGRESS AVENUE, SUITE 3C
WEST PALM BEACH FL 33406**

Mailing Address

**2135 SOUTH CONGRESS AVENUE, SUITE 3C
WEST PALM BEACH FL 33406**

44002551

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

043625135

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

**MCCABE, TIMOTHY P
2135 SOUTH CONGRESS AVENUE #3C
WEST PALM BEACH FL 33406**

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 fee 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
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
MCCABE, TIMOTHY P
2135 SOUTH CONGRESS AVENUE, SUITE 3C
WEST PALM BEACH FL 33406**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
SAMILJAN, STEVEN T
2135 SOUTH CONGRESS AVENUE, SUITE 3C
WEST PALM BEACH FL 33406**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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10. ADDITIONS / CHANGES

TITLE
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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

4-24-03

Date

561-969-3844

Daytime Phone #

CR2E083 (10/02)