

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90079 001 ***100.00

DOCUMENT # L02000007253

1. Entity Name
8465 TWIN LAKE DRIVE, LLC



Principal Place of Business

**8625 TWIN LAKE DRIVE
BOCA RATON FL 33496**

Mailing Address

**8625 TWIN LAKE DRIVE
BOCA RATON FL 33496**

2. Principal Place of Business

8760 TWIN LAKE DRIVE

Suite, Apt. #, etc.

3. Mailing Address

8760 TWIN LAKE DRIVE

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

Zip
33496

Country

USA

City & State

BOCA RATON, FL.

Zip
33496

Country

USA

4. FEI Number

74-3036739

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HRAWG CORP.
1801 N. MILITARY TRAIL SUITE 200
BOCA RATON FL 33431**

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 **MEMBER** ☐ Delete
NAME **JAMES A. SHARON**
STREET ADDRESS **8760 TWIN LAKE DRIVE**
CITY-ST-ZIP **BOCA RATON, FL. 33496**

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

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

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED
JAMES A. SHARON

1/23/03

561-479-2336

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

Date

Daytime Phone #

CR2E083 (10/02)