## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0200008037



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JOHN HELD, LLC 22008792 Principal Place of Business Mailing Address 3100 NW BOCA RATON BLVD., STE. 106 3100 NW BOCA RATON BLVD., STE, 106 **BOCA RATON FL 33431 BOCA RATON FL 33431** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number 01-06 57548 City & State City & State Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7.-Name and Address of New Registered Agent. HELD, JOHN 3100 NW BOCA RATON BLVD., STE. 108 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33431** City 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, 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 ADDITIONS/CHANGES MGR TITLE Delete TITLE ☐ Change ☐ Addition NAME HELD, JOHN NAME STREET ADDRESS 3100 NW BOCA RATON BLVD., STE. 106 STREET ADDRESS CITY-ST-7P **BOCA RATON FL 33431** CITY-ST-21F TITLE Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP . 🔲 Dalata TITLE TITLE Change \_\_\_\_\_Addition\_ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP

11. I hereby certify that the information s indicated on this report is true/and limited liability company or the receive this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information tifat my signature shall have the same legal effect as if made under oath; that I is a empowered to execute this report as required by Chapter 608, Florida Statutes that I am a managing member or manager of the

SIGNATURE:

MAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

JAN 2 1 2003

FILED Feb 20, 2003 8:00 am **Secretary of State** 

01-29-2003 90044 001 \*\*\*\*55.00