

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90053 029 ****50.00

DOCUMENT # L02000008652

1. Entity Name

CMA CONSULT LLC



Principal Place of Business

**1915 LAVER'S CIRCLE, E-110
DELRAY BEACH FL 33444**

Mailing Address

**1915 LAVER'S CIRCLE, E-110
DELRAY BEACH FL 33444**

20007454



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

2500 QUANTUM LAKES DR.

3. Mailing Address

2500 QUANTUM LAKES DR.

Suite, Apt. #, etc.

SUITE 203

Suite, Apt. #, etc.

E-110

City & State

BOYNTON BEACH FL

City & State

DELRAY BEACH FL

Zip

33426

Country

USA

Zip

33444

Country

USA

4. FEI Number

273 34 5988

Applied For

Not Applicable

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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

10. ADDITIONS/CHANGES

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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**MANAGING MEMBER
CARY M ANDERSON
1915 LAVER'S CR. E-110
DELRAY BEACH FL 33444**

CR2E083 (10/02)

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

CARY M. ANDERSON

Date

1-12-03

Daytime Phone #

1-52-853-2151