

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

1/9

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

01-09-2003 90202 034 ****50.00

DOCUMENT # L02000009074

1. Entity Name
TUNDRA ASSOCIATES, LLC



Principal Place of Business
**201 ALHAMBRA CIRCLE, SUITE 601
CORAL GABLES FL 33134**

Mailing Address
**201 ALHAMBRA CIRCLE, SUITE 601
CORAL GABLES FL 33134**

55003370



☒ CHECK HERE IF MAKING CHANGES

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

68-0454863

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FIELDSTONE, RONALD R.
201 ALHAMBRA CIRCLE, SUITE 601
CORAL GABLES FL 33134**

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 reappointing)

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 NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

Ronald

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☒ Addition

STREET ADDRESS
CITY-ST-ZIP

**Mark
Ronald Fieldstone
10305 SW 68th Ct
Miami FL 33156**

TITLE NAME ☐ Change ☒ Addition

STREET ADDRESS
CITY-ST-ZIP

**Mark
Linda Fieldstone
10305 SW 68th COURT
MIAMI, FL 33156**

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

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 RONALD FIELDSTONE

Date

Daytime Phone #

1/7/03

305-357-1001

CR2003 (10/02)