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

## DOCUMENT # L02000010814

## KLAUDER & ASSOCIATES CONSTRUCTION, LLC



**FILED** Mar 25, 2003 8:00 am Secretary of State

03-25-2003 90052 004 \*\*\*\*50.00

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Principal Place	of Business	Mailing Address		_						
5701 HOLLYWOOD BOULEVARD STE B HOLLYWOOD FL 33021		5701 HOLLYWOOD BOULEVA HOLLYWOOD FL 33021	5701 HOLLYWOOD BOULEVARD STE B HOLLYWOOD FL 33021			Del BBUS HEU PENI BBUS S	19111 <b>80</b> 181 11911 <b>8</b>	<b>1/8( 18/8)</b> 1/8/1:	L(Q) (88)	
2. Principal Place of Business		3. Mailing Address				NIL ODIKU KIRKI TRAK DOKU I	IN HEALTH IN THE SECOND SE	B101	LIGI (38)	
		io ii an Hata			CHECK HERE IF MAKING CHANGES					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.  City & State							
		City & State			4. FEI Number Applied For Not Applicable					
City & State					02-0605830   INOLAPPINGS \$5.00 Additional					
Zip	Country	Zip	Countr	У	5. Certificate of Status Desired Fee Required			TOTAL		
·		The distanced Amont	<del>- ,</del>		7. Name an	d Address of New R	egistered Ag	ent		
	6. Name and Address of Cu	rent Registered Agent		Name			ranger rees			
KLAUDER, GERARD J PH.D				Street Address	eet Address (P.O. Box Number is Not Acceptable)					
5701	HOLLYWOOD BOULEVARD	STE B	1	Street Address (F.O. Box Marrison of the Control of						
HOLLYWOOD FL 33021			Ţ				<u> </u>			
			ŀ	City	FL Zip Code					
				1 (0	torad agent or h	oth, in the State of Flo	orida. I am fai	niliar with, a	nd accept	
8. The above	named entity submits this statem	ent for the purpose of changing its	registere	a office or regis	tered agent, or b	0014 111 010 01010 011 10	· -			
the obligati	ions of registered agent.	1								
SIGNATURE .	Signature, typed or printed name of registerer	d agent and title if applicable. (NOT	E: Registered	d Agent signature requ	ired when reinstating)		DATE			
	aignature, typed of printed frame or registero		OW!!! F	EE IS \$50.0	0					
		Make Check Payab	Make Check Payable to Florida Department		nent of State	i				
		Du	e By Ma	ay 1, 2003						
	MANACINICA	EMBERS/MANAGERS	10.			ADDITIONS	/CHANGES			
9.	Managing Partner	Delete	TITL					Change	Addition	
TITLE NAME	Gerard J. Klaude	er, Ph.D.	NAM							
STREET ADDRESS	5701 Hollywood E	Boulevard, Suite B		ET ADDRESS '-ST-ZIP			1			
CITY-ST-ZIP	Hollywood, FL 3	33021	_				_	☐ Change	Addition	
TITLE		☐ Delete	TITL NAM							
NAME			1	EET ADDRESS						
STREET ADDRESS	,			r-St-ZIP					The delication of the second	
CITY-ST-ZIP	15 37 aug 1 27 a	Delete -	- * · · · · · · · · · · · · · · · · · ·	E	حيد حسبريـ .	er en		Change*	Addition Addition	
TITLE -		,,,,,,	NAM	l l						
STREET ADDRESS				EET ADDRESS Y-ST-ZIP						
CITY-ST-ZIP					<del></del>			☐ Change	☐ Addition	
TITLE		☐ Delete	TITI NAI							
NAME				REET ADDRESS						
STREET ADDRESS	5		1	7/0						

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 trusteen inpowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

OR AUTHORIZED REPRESENTATIVE

☐ Delete

☐ Delete

Date

☐ Addition

Addition

☐ Change

☐ Change