

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90697 047 ****50.00

DOCUMENT # L02000011038

1. Entity Name

FLORIDA STATE ASSET RECOVERIES, L.L.C.



Principal Place of Business

Mailing Address

~~200 S.E. SIXTH STREET, SUITE 600~~
~~FORT LAUDERDALE FL 33301~~

~~200 S.E. SIXTH STREET, SUITE 600~~
~~FORT LAUDERDALE FL 33301~~

2. Principal Place of Business

3333 N UNIVERSITY DR

3. Mailing Address

3333 N UNIVERSITY DR

Suite, Apt. #, etc.

A

Suite, Apt. #, etc.

A

City & State

DAVIE FL

City & State

DAVIE FL

4. FEI Number

75-3051316

Applied For

Not Applicable

Zip

33024

Country

BROWARD

Zip

33024

Country

BROWARD

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

~~WEINER, RICHARD M.~~
~~200 S.E. SIXTH STREET, SUITE 600~~
~~FORT LAUDERDALE FL 33301~~

7. Name and Address of New Registered Agent

Name DOUGLAS MITCHELL

Street Address (P.O. Box Number is Not Acceptable)

3333 N UNIVERSITY DR

City

DAVIE FL

FL

Zip Code

33024

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]

CPTA

4-30-03

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 NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

MGRM

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

MGRM
MITCHELL, DOUG
3333 N UNIVERSITY DR
DAVIE FL 33024

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

MGRM
VENTURA, JOHN
3333 N UNIVERSITY DR
DAVIE FL 33024

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

MGRM
ALTMAN, IRA
3333 N UNIVERSITY DR
DAVIE FL 33024

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

NAME
STREET ADDRESS
CITY-ST-ZIP

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

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ 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] CPTA

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

4-30-03

Date

954 499 444

Daytime Phone #

CP2E083 (10/02)