

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 02, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90301 001 \*\*\*250.00

**DOCUMENT # L02000011284**

1. Entity Name  
**EIRE PYLON L.L.C.**



Principal Place of Business  
**2840 N.W. 2ND AVE., STE. 101  
BOCA RATON FL 33431**

Mailing Address  
**2840 N.W. 2ND AVE., STE. 101  
BOCA RATON FL 33431**

**44003150**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.  
**Suite 102**  
City & State

Suite, Apt. #, etc.  
**Suite 102**  
City & State

☒ CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

4. FEI Number  
**02-0605538**

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

**LLOYD GRANET, P.A.  
1900 NW CORPORATE BLVD., STE. 100 WEST  
BOCA RATON FL 33431**

Name

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

**2845 NW Corporate Blvd.**

**Suite 235**

**Boca Raton**

**FL**

Zip Code  
**33431**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**MGR**  
**Mark Spillane**  
**2840 N.W. Boca Raton Blvd, Suite 102**  
**Boca Raton, FL 33431**

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 registered 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

Date

Daytime Phone #

CR2E083 (10/02)