

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90271 001 ****55.00

DOCUMENT # L02000011456

1. Entity Name

KESTREL LINER AGENCIES, L.L.C.



Principal Place of Business

1208 IRIS COURT
WESTON FL 33326
US

Mailing Address

1208 IRIS COURT
WESTON FL 33326
US

2. Principal Place of Business

9505 NW 108 AVENUE

Suite, Apt. #, etc.

3. Mailing Address

9505 NW 108 AVENUE

Suite, Apt. #, etc.

City & State

MEDLEY FLORIDA

Zip

33178

Country

USA

City & State

MEDLEY FLORIDA

Zip

33178

Country

USA

4. FEI Number

710885661

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

KLAUBER, ADAM ESQ.
8751 WEST BROWARD BLVD #410
PLANTATION FL 33324

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

10. ADDITIONS/CHANGES

TITLE	VICE PRESIDENT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MARK PATTISON		
STREET ADDRESS	TUDOR ROSE		
CITY-ST-ZIP	STUMP LANE, CHUMSFORD ESSEX, MA 01864		
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ANDY THORNE		
STREET ADDRESS	THE GABLES, BOURNE BRIDGE LANE		
CITY-ST-ZIP	STAPLEFORD ABBOTTS, ESSEX RM4 1LT, UK		
TITLE	SECRETARY	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WANDA VENTURA		
STREET ADDRESS	130 NW 207 WAY		
CITY-ST-ZIP	PEMBROKE PINES, FL 33029		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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)

(MARK PATTISON) 4/25/03

305 805

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

Date

Daytime Phone #

CR2E083 (10/02)