

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2003 8:00 am
Secretary of State

09-17-2003 90012 005 *****50.00

DOCUMENT # L02000012628

1. Entity Name

RENAISSANCE MANAGEMENT SOUTHEAST, LLC



Principal Place of Business

489 FIFTH AVE. 34TH FLOOR
NEW YORK NY 10017-6105

Mailing Address

489 FIFTH AVE. 34TH FLOOR
NEW YORK NY 10017-6105

2. Principal Place of Business

14107 20th Ave

3. Mailing Address

14107 20th Ave

Suite, Apt. #, etc.

507

Suite, Apt. #, etc.

507

City & State

Whitestone NY

City & State

Whitestone NY

Zip

11357

Country

USA

Zip

11357

Country

USA

6. Name and Address of Current Registered Agent

ANDREW SERVICE CORPORATIO OF FLORIDA INC.
201 NORTH FRANKLIN STREET
SUITE 2100, ONE TAMPA CITY CENTER
TAMPA FL 33602

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)

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition

TITLE
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☐ Change ☐ Addition

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

9/2/03 212-661-5015
Date Daytime Phone #

CR2E083 (4/03)