

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

7/2

FILED

03 OCT 14 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

33030044

DOCUMENT # L02000012766

1. Entity Name

ORLANDO 0017.LLC



Principal Place of Business

1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Mailing Address

1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

2. Principal Place of Business

25 Hubbels Dr, Ste. 200
Suite, Apt. #, etc.

3. Mailing Address

25 Hubbels Dr, Ste. 200
Suite, Apt. #, etc.☐ CHECK HERE IF MAKING CHANGES

City & State

Mt. Kisco, NY

City & State

Mt. Kisco, NY

4. FEI Number

30-6082072

Applied For

Not Applicable

Zip

10549

Country

USA

Zip

10549

Country

USA

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

C-T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 reappointing)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
Member	John Sullivan	25 Hubbels Dr, Ste. 200	Mt. Kisco, NY 10549	☐

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
				☐

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
				☐

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
				☐

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

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
				☐

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ 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)(f), 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: (2)

SIGNATURE REQUIRED

Managing Member 7/16/03

944-242-2280

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

Date

Daytime Phone #

CP25003 (4/03)