

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (URB)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUL -7 PM 3:22

DOCUMENT # L02000013583

1. Entity Name

AEF CONSULTING, LLC

Principal Place of Business

Mailing Address

2. Principal Place of Business

3300 University Drive

Suite, Apt. #, etc.

Suite 001

City & State

Coral Springs, FL

Zip **33065**

Country **USA**

3. Mailing Address

3300 University Drive

Suite, Apt. #, etc.

Suite 001

City & State

Coral Springs, FL

Zip **33065**

Country **USA**

4. FEI Number

22-3871586

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

Gerson, Gary N.

1645 Palm Beach Lakes Blvd., Suite 1200

West Palm Beach, Florida 33401

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MEMBERS

TITLE **Manager/Member** ☐ Delete
NAME **Eisner, Neil**
STREET ADDRESS **3300 University Drive, Suite 001**
CITY-ST-ZIP **Coral Springs, FL 33065**

TITLE **Member** ☐ Delete
NAME **Andreacci, Daniel**
STREET ADDRESS **3300 University Drive, Suite 001**
CITY-ST-ZIP **Coral Springs, FL 33065**

TITLE **Member** ☐ Delete
NAME **Falcone, Arthur J.**
STREET ADDRESS **3300 University Drive, Suite 001**
CITY-ST-ZIP **Coral Springs, FL 33065**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **05/02/03 90585 007** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **55.00**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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]

Gary N. Gerson, Authorized Representative

As of 04/28/03

561-686-3307

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

Date

Daytime Phone #