

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 25, 2003 8:00 am
Secretary of State

8/

08-08-2003 90060 018 ****50.00

DOCUMENT # L02000013730					
1. Entity Name NURMI/BENCHMARK II, LLC					
Principal Place of Business 1010 SEMINOLE DRIVE, #1501 FORT LAUDERDALE FL 33304			Mailing Address 1010 SEMINOLE DRIVE, #1501 FORT LAUDERDALE FL 33304		
2. Principal Place of Business 1040 Bayview Drive Suite, Apt. #, etc. 424		3. Mailing Address 1040 Bayview Drive Suite, Apt. #, etc. 424		[REDACTED]	
City & State Fort Lauderdale, FL		City & State Fort Lauderdale, FL		4. FEI Number 81-0557658	
Zip 33304		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LOCAY, ALEX 1010 SEMINOLE DRIVE, #1501 FORT LAUDERDALE FL 33304			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 _____		(NOTE: Registered Agent signature required when reinstating)		DATE 8/5/03	
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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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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 606, Florida Statutes.					
SIGNATURE: _____			SIGNATURE REQUIRED		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

CR2E083 (4/03)