2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)					FILED Sep 09, 2003 8:00 am Secretary of State 09-09-2003 90018 023 ****50.00		
DOCUMENT # L02000014282 1. Entity Name							
PANDE PA	ANE, LLC		/		"		
Principal Place of Business		Mailing Addre	Mailing Address		-		
18345 SE VILLAGE CIRCLE DR. TEOUESTA FL 33469			18345 SE VILLAGE CIRCLE DR. TEQUESTA FL 33469		L INDRINGIA DIA DARIND ISANI DOSSI BANTA ABSIT BANGA INDIA BIRIND IADAR ABSID ISBN 1084 .		
2. Principal Place of Business		3. Mailing Add	fress				
Suite, Apt. #, etc.		Suite, Apt. #			☐ CHECK HERE IF MAKING CHANGES		
City & State			City & State		4. FEI Number 01-07 252 22	,	pplied For lot Applicable
Zip	Country	Zip	Cou	intry	5. Certificate of Status Desired	☐ \$5.00 Ac	
	6. Name and Address of Cu	rrent Registered Agen	1	Name	7. Name and Address of New Reg	jistered Agent	
KEMPE, JOSEPH C ESQ JOSPEH C. KEMPE, PROFESSIONAL ASSOCIATION 941 NORTH HWY. A1A					(P.O. Box Number is Not Acceptable)		
	NORTH HWY. A1A TER FL 33477					T	
0 The element				City	A STATE OF THE COLUMN ASSESSMENT OF THE COLUMN	FL Zip Cod	
	named entity submits this statem ions of registered agent.	ent for the purpose of c	hanging its registe	red office or registe	ered agent, or both, in the State of Floric	ia. I am familiar with	, and accept
SIGNATURE .	Signature, typed or printed name of registered	agent and title if applicable.	(NOTE: Registe	red Agent signature require	ed when reinstating)	DATE	
				FEE IS \$50.00			
		Make Ched		lorida Departme ember 24, 2003	ent of State		į
9.		EMBERS/MANAGERS	10		ADDITIONS/CI		
NAME STREET ADDRESS	MGRM LIP ACQUISITIONS, LLC 18345 SE VILLAGE CIRCLE		ST	ME REET ADDRESS		☐ Change	☐ Addition
CITY-ST-ZIP	TEQUESTA FL 33469		Delete	Y-ST-ZIP	- - + + + - + + + + + + + + + + + + + + +	Change	- Addition
NAME STREET ADDRESS			NA Sti	me Reet address			
CITY-ST-ZIP TITLE		<u> </u>	Delete TIT	Y-ST-ZIP		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP			NA Sti			□ Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					-	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			1 - · ·	1	-	☐ Change	☐ Addition
TITLE 1	Section 2015 Control C		Delete TIT			Change	Addition
NAME -street addréss".			NA	ME REET ADDRESS		2	
CITY-ST-ZIP		4 24 41 500	i	Y-ST-ZIP			
indicated		and that my signature	shall have the sam	ne legal effect as if I	ection 119.07(3)(i), Florida Statutes. I fu made under oath; that I am a managing oter 608, Florida Statutes.		