FILED
Sep 02, 2003 8:00 am
Secretary of State
08-12-2003 90009 003 ****50.00

8/17

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000014619

1. Entity Name
TENNYSON ONE, LLC

55055485

90-0081445

Principal Place of Business	Mailing Address
750 SOUTH DIXIE HWY. BOCA RATON, FL 33432	750 SOUTH DIXIE HWY. BOCA RATON, FL 33432

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number ☐ Applied For ☐ Not Applicable

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
FILINGS, INC. 3732 NORTHWEST 16TH STREET FORT LAUDERDALE, FL 33311	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 _____ DATE 8-6-03

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM QUEEN, ANDREW 750 SOUTH DIXIE HWY. BOCA RATON, FL 33432 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM QUEEN, JEFFREY 750 SOUTH DIXIE HWY. BOCA RATON, FL 33432 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM QUEEN, KAREY 750 SOUTH DIXIE HWY. BOCA RATON, FL 33432 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM QUEEN, MARISSA 750 SOUTH DIXIE HWY. BOCA RATON, FL 33432 ☐ 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

CR2E083 (10/02)

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 605, Florida Statutes.

SIGNATURE: _____ 8-6-03

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL EXECUTING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date

Attachment

55055485

[redacted]

#L020000146l9

The dog did literally - eat the paperwork.
I printed a copy from the website. Both are enclosed.