

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90038 046 ****50.00

0018979

DOCUMENT # L02000015117

1. Entity Name

TD LIQUIDATORS LLC



Principal Place of Business

Mailing Address

1177 KANE CONCOURSE, STE. 107
BAY HARBOR FL 33154

1177 KANE CONCOURSE, STE. 107
BAY HARBOR FL 33154

2. Principal Place of Business

3. Mailing Address

1545 NE 123rd Street

Suite, Apt. #, etc.

1545 NE 123rd Street

Suite, Apt. #, etc.

City & State

North Miami

City & State

North Miami

Zip

33161

Country

USA

Zip

33161

Country

USA

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

**GANGEMI, LAURA R
C/O GREENBERG TRAURIG, P.A.
1221 BRICKELL AVE., 21ST FLOOR
MIAMI FL 33131**

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

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	President	<input type="checkbox"/> Delete
NAME	Mark Henderson	
STREET ADDRESS	1545 NE 123rd	
CITY-ST-ZIP	North Miami, FL 33461	
TITLE	VP	<input type="checkbox"/> Delete
NAME	John Olsen	
STREET ADDRESS	1545 NE 123rd St	
CITY-ST-ZIP	33161 North Miami - FL 33161	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

3/11/03

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

Date

Daytime Phone #

CR2E083 (10/02)