

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90011 033 ****50.00

DOCUMENT # L02000015426

1. Entity Name

HERALD SQUARE DESIGNS LLC



Principal Place of Business

**500 EGRET CIRCLE
8408
DELRAY BEACH FL 33444**

Mailing Address

**500 EGRET CIRCLE
8408
DELRAY BEACH FL 33444**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

14-1857436

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KLEINER, JORDAN L
500 EGRET CIRCLE
8408
DELRAY BEACH FL 33444**

7. Name and Address of New Registered Agent

Name **~~TINA B. KLEINER~~**
Street Address (P.O. Box Number is Not Acceptable) **~~12339 N.W. 55TH ST~~**
~~DE CORAL SPRINGS~~
City **FL** Zip Code **33076**

FL 33076

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 of or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-24-03

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 **MGR** ☐ Delete
NAME **KLEINER, JORDAN L**
STREET ADDRESS **500 EGRET CIRCLE**
CITY-ST-ZIP **DELRAY BEACH FL 33444**

TITLE **MGR** ☐ Change ☒ Addition
NAME **TINA B. KLEINER**
STREET ADDRESS **12339 N.W. 55TH ST**
CITY-ST-ZIP **CORAL SPRINGS, FL 33444**

TITLE **MGR** ☐ Delete
NAME **MITCHELL, CHARLES J**
STREET ADDRESS **500 EGRET CIRCLE**
CITY-ST-ZIP **DELRAY BEACH FL 33444**

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

TITLE **MGR** ☒ Delete
NAME **KLEINER, JOSHUA S**
STREET ADDRESS **12339 NW 55TH ST**
CITY-ST-ZIP **CORAL SPRINGS FL 33076**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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

3-24-03

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

Date

Daytime Phone #

CR2E083 (10/02)