

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2003 8:00 am
Secretary of State

04-21-2003 90107 044 ****50.00

DOCUMENT # L02000015855

1. Entity Name
MOCKINGBIRD, L.L.C.



Principal Place of Business
XXXXXXXXXXXXXXXXXXXX
222 SUNSET AVENUE STE 200
PALM BEACH FL 33480
XXXXXXXXXXXXXXXXXXXX

Mailing Address
XXXXXXXXXXXXXXXXXXXX
222 SUNSET AVENUE STE 200
PALM BEACH FL 33480
XXXXXXXXXXXXXXXXXXXX

2. Principal Place of Business
c/o Huffman
Suite, Apt. #, etc.
350 Royal Palm Way #409
Palm Beach, FL
33480 USA Country

3. Mailing Address
c/o Huffman
Suite, Apt. #, etc.
350 Royal Palm Way #409
Palm Beach, FL
33480 USA Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
43-1969218 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
XXXXXXXXXXXXXXXXXXXX
Huffman, Kent Esq.
222 SUNSET AVENUE STE 200
PALM BEACH FL 33480
XXXXXXXXXXXXXXXXXXXX

7. Name and Address of New Registered Agent
Name
Huffman, Kent Esq.
Street Address (P.O. Box Number is Not Acceptable)
350 Royal Palm Way
Suite 409
City **Palm Beach** FL **33480**

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 **KENT HUFFMAN** 4/15/03
Signature, typed or printed name of registered agent and title if applicable. (Not Required if Agent Signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	MGR STENFONER, MICHAEL 220 SUNSET AVENUE STE 200 PALM BEACH FL 33480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOSEPH CROSSEN 4239 NORTHLAKE BLVD SUITE D PALM BEACH GARDEN, FLA 33410 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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 608, Florida Statutes.

SIGNATURE: **STENFONER, MICHAEL** 4/14/03 561-626-2778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #

CR2E083 (10/02)