

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0077223

DOCUMENT # L02000015910

1. Entity Name

Ovation Nation LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUN 26 PM 2:57

Principal Place of Business

3637 S. FEDERATION HIGHWAY
BOYNTON BEACH FL 33435

Mailing Address

3637 S. FEDERATION HIGHWAY
BOYNTON BEACH FL 33435

2. Principal Place of Business

3637 S. FEDERAL HWY

Suite, Apt. #, etc.

3. Mailing Address

3637 S. FEDERAL HWY

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

BOYNTON BCH, FL

Zip

33435

Country

City & State

BOYNTON BCH, FL

Zip

33435

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

PARK, MICHAEL G ESQ.
610 NORTH DIXIE HIGHWAY
LANTANA FL 33462

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

200021164892

06/26/03--01088--005 **50.00

9. MANAGING MEMBERS/MANAGERS

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STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

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☐ Addition

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

Date

Daytime Phone #

[Signature] MICHAEL G. PARK, ESQ., AUTHORIZED REP. 561-209-2306

CR2E083 (10/02)