

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90003 007 *****50.00

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1. Entity Name

T.A.N., LLC



Principal Place of Business

Mailing Address

3370 NE 190 STREET
#103
AVENTURA FL 33180
US

3370 NE 190 STREET
#103
AVENTURA FL 33180
US

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

03-0469518

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEUTSCH, TOMY
3370 NE 190 STREET
#103
AVENTURA FL 33180

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)

04/04/2003

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 MGRM
NAME DEUTSCH, TOMY
STREET ADDRESS 3370 NE 190 STREET, #103
CITY-ST-ZIP AVENTURA FL 33180

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM
NAME LASKER, AMRIAM
STREET ADDRESS 115 FOXWOOD DRIVE
CITY-ST-ZIP JERICHO LI NY 10103

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM
NAME NEUMAN, NATHAN
STREET ADDRESS 21180 MAIN SAIL CIRCLE B-114
CITY-ST-ZIP AVENTURA FL 33180-3510

TITLE
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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

04/04/2003

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

Date

Daytime Phone #

CR2E083 (10/02)

0022204