

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90010 043 ****50.00

DOCUMENT # L02000016742

1. Entity Name

ATWATER CIVIC CENTER, LLC



Principal Place of Business

**ONE BISCAYNE TOWER
2 SOUTH BISCAYNE BLVD., SUITE 3400
MIAMI FL 33131**

Mailing Address

**ONE BISCAYNE TOWER
2 SOUTH BISCAYNE BLVD., SUITE 3400
MIAMI FL 33131**

2. Principal Place of Business

3. Mailing Address

10910 Haydn Drive
Suite, Apt. #, etc.

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Suite, Apt. #, etc.

City & State
Boca Raton, FL

City & State
Boca Raton, FL

Zip
33498 Country
USA

Zip
33498 Country
USA

4. FEI Number

41-2049881

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**VALDES-FAULI CORPORATE SERVICES, INC.
ONE BISCAYNE TOWER
2 SOUTH BISCAYNE BLVD., SUITE 3400
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **William Cocose**

Street Address (P.O. Box Number is Not Acceptable)

10910 Haydn Drive

City **Boca Raton** FL Zip Code **33498**

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

William Cocose **William Cocose**

2/12/03

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 NAME STREET ADDRESS CITY-ST-ZIP	MGR COCOSE, WILLIAM A 10910 HAYDN DR. BOCA RATON FL 33498	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

William Cocose **William A. Cocose**

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

Date

Daytime Phone #

2/12/03 **561-883-9212**

CR2E083 (10/02)