

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90806 035 ****50.00

DOCUMENT # L02000016808

1. Entity Name

WAGNER SQUARE (II), 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

Wagner Square (II), LLC

3. Mailing Address

Wagner Square (II), LLC

Suite, Apt. #, etc.

7491 W. Oakland Park Blvd, #306

Suite, Apt. #, etc.

7491 W. Oakland Pk Blvd #306

City & State

Ft. Lauderdale, Florida

City & State

Ft. Lauderdale, Florida

4. FEI Number

16-1655529

☒ Applied For
☐ Not Applicable

Zip
33319

Country
US

Zip
33319

Country
US

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

Debra Sinkle Kolsky, as Manager of

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

7491 W. Oakland Park Blvd

Wagner Square (II), L

Suite 306

City

Ft. Lauderdale

FL

Zip Code
33319

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**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **SINKLE KOLSKY, DEBRA**
STREET ADDRESS **7491 W. OAKLAND PARK BLVD, SUITE 306**
CITY-ST-ZIP **FORT LAUDERDALE FL 33319**

TITLE **MGR** ☐ Delete
NAME **MILO, ALBERTO JR**
STREET ADDRESS **301 SW 17TH ROAD, 2ND FLOOR**
CITY-ST-ZIP **MIAMI FL 33129**

TITLE **MGR** ☐ Delete
NAME **COCOSE, WILLIAM A**
STREET ADDRESS **10910 HAYDN DRIVE**
CITY-ST-ZIP **BOCA RATON FL 33498**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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:

Debra Sinkle Kolsky

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

Date

Daytime Phone #

3/3/03 954-572-0365

0075238

CR2E083