

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2003 8:00 am
Secretary of State

05-02-2003 90579 007 ****50.00

DOCUMENT # L02000017851

1. Entity Name

CUNDY STABLES, LLC



Principal Place of Business

C/O ANGELO, BARRY & BOLDT, P.A.
515 EAST LAS OLAS BLVD., SUITE 850
FORT LAUDERDALE FL 33301

Mailing Address

C/O ANGELO, BARRY & BOLDT, P.A.
515 EAST LAS OLAS BLVD., SUITE 850
FORT LAUDERDALE FL 33301

2. Principal Place of Business

333 East Las Olas Blvd.

3. Mailing Address

333 East Las Olas Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

4. FEI Number

52-2370873

Applied For

Not Applicable

Zip
33301

Country
USA

Zip
33301

Country
USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANGELO, BARRY & BOLDT, P.A.
SUN TRUST CENTER
515 EAST LAS OLAS BLVD., SUITE 850
FORT LAUDERDALE FL 33301

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Managing Member
Thomas C. Cundy
333 East Las Olas Blvd.
Fort Lauderdale, FL 33301

☐ Delete

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

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☐ Change ☐ 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:

Thomas C. Cundy **SIGNATURE REQUIRED** Thomas C. Cundy 4/29/03 954-467-0009

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

Date

Daytime Phone #

CR2ED83 (10/02)