

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2003 8:00 am
Secretary of State

03-11-2003 90025 034 ***150.00

DOCUMENT # L02000018900

1. Entity Name
PONNOCK & GENTILE, LLC



Principal Place of Business
**3300 UNIVERSITY DRIVE, SUITE 901
CORAL SPRINGS FL 33065**

Mailing Address
**3300 UNIVERSITY DRIVE, SUITE 901
CORAL SPRINGS FL 33065**



☐ CHECK HERE IF MAKING CHANGES

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

01-0747963

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PONNOCK, ANDREW
3300 UNIVERSITY DRIVE, SUITE 901
CORAL SPRINGS FL 33065**

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 _____
☐ Delete

TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

**~~Managing Member~~ MGR M
Andrew Ponnock
3300 University Drive #901
Coral Springs FL 33071**

☐ Change ☐ Addition

TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____
☐ Delete

TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

☐ Change ☐ Addition

TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____
☐ Delete

TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

☐ Change ☐ Addition

TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____
☐ Delete

TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

☐ Change ☐ Addition

TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____
☐ Delete

TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

☐ Change ☐ Addition

TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____
☐ Delete

TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

☐ 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: _____
SIGNATURE REQUIRED

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

Date

Daytime Phone #

CR2E083 (10/02)