

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90234 001 *****50.00

0053332

DOCUMENT # L02000019259

1. Entity Name

CAREMARC INVESTMENTS, LLC



Principal Place of Business

13707 N.W. 21ST STREET
PEMBROKE PINES FL 33028

Mailing Address

13707 N.W. 21ST STREET
PEMBROKE PINES FL 33028

2. Principal Place of Business

13707 NW 21ST ST.

Suite, Apt. #, etc.

N/A

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

City & State

PEMBROKE PINES FL

City & State

PEMBROKE PINES FL

Zip

33028

Country

USA

Zip

33028

Country

USA

4. FEI Number

Applied For

☒ 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

**STRAUS, ARNOLD JR ESQ
10081 PINES BOULEVARD, SUITE C
PEMBROKE PINES FL 33024**

7. Name and Address of New Registered Agent

Name **CURT W. CHITTENDEN**

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

13707 NW 21ST ST.

City

PEMBROKE PINES

FL

Zip Code

33028

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 **Curt W. Chittenden** **CURT W. CHITTENDEN**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/21/03

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 **DIRECTOR**
NAME **CURT W. CHITTENDEN**
STREET ADDRESS **13707 NW 21ST ST.**
CITY-ST-ZIP **PEMBROKE PINES, FL 33028**

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

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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: **Curt W. Chittenden**

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

4/21/03

Date

954-441-7964

Daytime Phone #

CR2E083 (10/02)