

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 15, 2003 8:00 am
Secretary of State

09-15-2003 90097 001 ****50.00

DOCUMENT # L02000022514

1. Entity Name

JASON G. BARNETT HOLDINGS, L.L.C.



Principal Place of Business

C/O ADORNO & YOSS, P.A.
700 SOUTH FEDERAL HIGHWAY, SUITE 200
BOCA RATON FL 33432

Mailing Address

C/O ADORNO & YOSS, P.A.
700 SOUTH FEDERAL HIGHWAY, SUITE 200
BOCA RATON FL 33432

2. Principal Place of Business

1132 SE 2nd Ave

3. Mailing Address

1132 SE 2nd Ave

Suite, Apt., #, etc.

Suite, Apt., #, etc.

City & State

FT. Lauderdale

City & State

FT. Lauderdale

Zip

FL

Country

33316

Zip

FL

Country

33316

4. FEI Number

65-0720763

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

AUSTIN, SCOTT R
C/O ADORNO & YOSS, P.A.
700 SOUTH FEDERAL HIGHWAY, SUITE 200
BOCA RATON FL 33432

Name **JASON BARNETT**

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

1132 SE 2nd Ave

City **FT. Lauderdale**

FL

Zip Code

33316

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

9/10/03

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Managing Manager
JASON G. BARNETT
1132 SE 2nd Ave
FT. Lauderdale, FL 33316

☐ Delete

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

TITLE
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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:

SIGNATURE REQUIRED

9/10/03

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

Date

Daytime Phone #

CR2E083 (4/03)