

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2003 8:00 A.M.**  
**Secretary of State**

DOCUMENT # L02000023145

1. Entity Name

626 & 825 SOUTH FEDERAL, LLC



Principal Place of Business

189 MONCEAUX ROAD  
WEST PALM BEACH FL 33405

Mailing Address

189 MONCEAUX ROAD  
WEST PALM BEACH FL 33405

2. Principal Place of Business

P.O. Box 4422

3. Mailing Address

P.O. Box 4422

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WPB, FL

City & State

West Palm Bch, FL

Zip

33402

Country

USA

Zip

33402

Country

US

4. FEI Number

61-1424621

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

KRASKER, PAUL A  
625 N. FLAGLER DRIVE, 9TH FLOOR  
WEST PALM BEACH FL 33401

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**

400020257954

05/29/03--01078--009 \*\*300.00

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGR  
VILLARI, WILLIAM  
P.O. BOX 4422  
WEST PALM BEACH FL 33402

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 of William J. Villari*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/20/03

Date

404-512-2455

Daytime Phone #

CR2E083 (10/02)

056302