

# LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 02000023245

1. Entity Name

Houlton Management, LLC

**REINSTATEMENT** 2003

**DO NOT WRITE IN THIS SPACE**

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 NOV 14 PM 2:24

11/25

2. Principal Place of Business

4844 NW 20th Place

3. Mailing Address

4844 NW 20th Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Coconut Creek, FL

City & State

Coconut Creek, FL

4. FEI Number

Applied For

Not Applicable

Zip

33063

Country

Broward

Zip

33063

Country

Broward

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Geore Hoskins

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

4844 NW 20th Place

Coconut Creek, FL

City

Coconut Creek

FL

Zip Code

33063

**DO NOT WRITE  
IN THIS SPACE**

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 date if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME

Manager

George Hoskins

STREET ADDRESS

4844 NW 20th Place

CITY-ST-ZIP

Coconut Creek, FL 33063

TITLE  
NAME

STREET ADDRESS

CITY-ST-ZIP

700023713947  
10/10/03--01080--003 \*\*55.00

TITLE  
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  
NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

TITLE  
NAME

STREET ADDRESS

CITY-ST-ZIP

**REINSTATEMENT** 2003

TITLE  
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  
NAME

STREET ADDRESS

CITY-ST-ZIP

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]*

11/8/03

754-600 0612

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

Date

Daytime Phone #



HOULTON  
MANAGEMENT, LLC

2 1/2

To whom it may concern,

I did not receive the UBR of Houlton Management, LLC nor did I receive the subsequent notices. I moved from the address 3000 NW 42 Ave., B-407, Coconut Creek, FL 33066 to 4844 NW 20<sup>th</sup> Place, Coconut Creek FL 33063. I am sure that the notices must have not been forwarded. As instructed by a Department of State representative at phone number 850.245.6051, I am sending this letter, the UBR form and a check for \$55.00. As per my discussion with your representative, this will satisfy the requirements for reinstatement

Thank you,

George Hoskins

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 NOV 14 PM 2:24