

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90214 026 ****50.00

DOCUMENT # L02000023882

1. Entity Name

RICHARD R. ELLINGTON, P.L.



Principal Place of Business

Mailing Address

**SUITE 1900
515 NORTH FLAGLER DRIVE
WEST PALM BEACH FL 33401**

**SUITE 1900
515 NORTH FLAGLER DRIVE
WEST PALM BEACH FL 33401**

2. Principal Place of Business

1551 Forum Place

3. Mailing Address

1551 Forum Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

200

200

City & State

City & State

West Palm Beach, FL

West Palm Beach FL

Zip

Zip

Country

Country

33401

USA

33401

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CASEY, PATRICK J
SUITE 1900
515 NORTH FLAGLER DRIVE
WEST PALM BEACH FL 33401**

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 **Managing Member** ☐ Delete
NAME **Richard R. Ellington**
STREET ADDRESS **1551 Forum Place, Ste 200**
CITY-ST-ZIP **West Palm Beach, FL 33401**

TITLE **MGRM** ☒ Change ☐ Addition
NAME **Richard R. Ellington**
STREET ADDRESS **1551 Forum Place, Ste 200**
CITY-ST-ZIP **West Palm Beach, FL 33401**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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: **Richard R. Ellington**

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

1/13/03

561-640-8000

Date

Daytime Phone #

CR2E083 (10/02)