

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0023861

DOCUMENT # L02000024435

1. Entity Name

VS DEVELOPMENT COMPANY, L.L.C.



FILED

03 MAY -7 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

2419 E. COMMERCIAL BOULEVARD, SUITE 100
FORT LAUDERDALE FL 33308

Mailing Address

2419 E. COMMERCIAL BOULEVARD, SUITE 100
FORT LAUDERDALE FL 33308

2. Principal Place of Business

8314 NW 52 PLACE

3. Mailing Address

8314 NW 52 PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

City & State

CORAL SPRINGS, FL

Zip

33067

Country

BROWARD

Zip

33067

Country

BROWARD

4. FEI Number

52-2384975

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NORDT, GREGORY M
100 W. CYPRESS CREEK ROAD, SUITE 700
FORT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name James Straub

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

8314 NW 52 Place

City Coral Springs

FL

Zip Code

33067

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

4/29/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME STRAUB, JAMES
STREET ADDRESS 2419 E. COMMERCIAL BOULEVARD, SUITE 100
CITY-ST-ZIP FORT LAUDERDALE FL 33308

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS 8314 NW 52 PLACE
CITY-ST-ZIP CORAL SPRINGS, FL 33067

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS 200018314502
CITY-ST-ZIP 05/07/03--01002--003 **150.00

☐ Change ☐ Addition

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

SIGNATURE REQUIRED

Date

Daytime Phone #

4/29/03 931 752-9724

CR2E083 (10/02)