

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90031 024 ****50.00

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DOCUMENT # L02000025452

1. Entity Name

WILTON STATION, LLC



Principal Place of Business

**420 N.E. 3RD STREET
FT. LAUDERDALE FL 33301**

Mailing Address

**420 N.E. 3RD STREET
FT. LAUDERDALE FL 33301**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

51-0428845

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

7. Name and Address of New Registered Agent

**GALLUZZO, GEORGE
420 N.E. 3RD STREET
FT. LAUDERDALE FL 33301**

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MGRM
STREET ADDRESS	GALLUZZO, GEORGE
CITY-ST-ZIP	420 NE 3RD STREET FT. LAUDERDALE, FL 33301
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	M
STREET ADDRESS	ELUS, Jim
CITY-ST-ZIP	420 NE 3RD STREET FT LAUDERDALE, FL 33301
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	M
STREET ADDRESS	THIES, WILLIAM F. JR
CITY-ST-ZIP	420 NE 3RD STREET FT. LAUDERDALE, FL 33301
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	M
STREET ADDRESS	THIES, JAMES
CITY-ST-ZIP	420 NE 3RD STREET FT. LAUDERDALE, FL 33301
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	M
STREET ADDRESS	CUSTER, JOHN
CITY-ST-ZIP	420 NE 3RD STREET FT. LAUDERDALE, FL 33301
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	M
STREET ADDRESS	BLUTH, TOM
CITY-ST-ZIP	420 NE 3RD STREET FT. LAUDERDALE, FL 33301

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

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

4/4/03

Date

(954) 467-8138

Daytime Phone #

CR2E083 (10/02)