

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2003 8:00 am
Secretary of State

08-11-2003 90103 010 ****50.00

DOCUMENT # L02000027428

1. Entity Name

LIPTON ISRAEL TENN, LLC



Principal Place of Business

1250 EAST HALLANDALE BEACH BLVD.
PH3
HALLANDALE BEACH FL 33009

Mailing Address

1250 EAST HALLANDALE BEACH BLVD.
PH3
HALLANDALE BEACH FL 33009

2. Principal Place of Business

263 OCEAN BLVD

3. Mailing Address

263 OCEAN BLVD

Suite, Apt. #, etc.

GOLDEN BEACH, FL

Suite, Apt. #, etc.

GOLDEN BEACH, FL

City & State

33160 USA

City & State

33160 USA

Zip

Country

Zip

Country

4. FEI Number

38-3663711

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

**REGISTERED AGENTS OF FLORIDA, LLC
100 SOUTHEAST 2ND STREET, SUITE 3500
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

ISRAEL, KENNETH

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

263 OCEAN BLVD

City

GOLDEN BEACH

FL

Zip Code

33160

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]

8/8/03

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 September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**MEM
ISRAEL, KENNETH
263 OCEAN BLVD
GOLDEN BEACH, FL 33160**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**MEM
LIPTON, ALAN
655 OCEAN BLVD
GOLDEN BEACH, FL 33160**

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

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

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

TITLE
NAME
STREET ADDRESS
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]

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

8/8/03 (305) 6840077

Date

Daytime Phone #

CR2E083 (4/03)