

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2003 8:00 am
Secretary of State

02-20-2003 90024 016 ****50.00

DOCUMENT # L02000028814

1. Entity Name

AVALON COMMERCE CENTER OF TAMARAC, L.L.C.



Principal Place of Business

**10494 NW 50TH STREET
SUNRISE FL 33351**

Mailing Address

**10494 NW 50TH STREET
SUNRISE FL 33351**

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

04-3719705

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~BLOOMGARDEN, PAUL M~~
~~8551 W. SUNRISE BLVD., STE. 200~~
~~FT. LAUDERDALE FL 33322~~

7. Name and Address of New Registered Agent

Name

CATHERINE PISCIOTTI

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

10494 NW 50 STREET

City

SUNRISE

FL

Zip Code

33351

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

Catherine Piscioti

CATHERINE PISCIOTTI

02-01-03

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 May 1, 2003

9. MANAGING MEMBERS/MANAGERS

~~MANAGING MEMBER~~ ☐ Delete
NAME **CATHERINE PISCIOTTI**
STREET ADDRESS **10494 NW 50 ST**
CITY-ST-ZIP **SUNRISE, FL. 33328**

~~MANAGING MEMBER~~ ☐ Delete
NAME **MARIAUDE WINFIELD**
STREET ADDRESS **10494 NW 50 ST.**
CITY-ST-ZIP **SUNRISE, FL. 33328**

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
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STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

Catherine Piscioti

CATHERINE PISCIOTTI

2-01-03

(954)

572-5522

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

Date

Daytime Phone #

CR2E083 (10/02)