

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

09-11-2003 90042 027 ****50.00

0015374

DOCUMENT # L02000029270

1. Entity Name

REYNOLDS REALTY OF THE PALM BEACHES LLC



Principal Place of Business

Mailing Address

8593 LOGIA CIRCLE
BOYTON BEACH FL 33437
US

8593 LOGIA CIRCLE
BOYTON BEACH FL 33437
US

2. Principal Place of Business

8593 LOGIA CIRCLE

3. Mailing Address

8593 LOGIA CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boynton Beach FL

City & State

Boynton Beach FL

Zip

33437

Country

US

Zip

33437

Country

4. FEI Number

32-009-0966

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

REYNOLDS, JOHN D
8593 LOGIA CIRCLE
BOYNTON BEACH FL 33437

7. Name and Address of New Registered Agent

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 September 24, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

MGRM
REYNOLDS, JUNE A
8593 LOGIA CIRCLE
BOYNTON BEACH FL 33437

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

MGRM
REYNOLDS, DOROTHY
170 COURTYARD DRIVE
NEWNAN GA 30265

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10. ADDITIONS / CHANGES

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

MGRM
REYNOLDS, JOHN D
8593 LOGIA CIRCLE
BOYNTON BEACH FL 33437

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

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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:

REYNOLDS, JOHN D

SEPT 8, 2003

561-375-8371

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

Date

Daytime Phone #

CR2E083 (4/03)