

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L02000029745**

1. Entity Name
BRICKELL PARTNERS, LLC



FILED
03 OCT 24 AM 10:46

Principal Place of Business
1010 S. MIAMI AVENUE
MIAMI FL 33131

Mailing Address
8745 AERO DRIVE
SUITE 306
SAN DIEGO CA 92109

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

CHECK HERE IF MAKING CHANGES
09/15/03 90268 001 \$50.00
4. FEI Number 57-1137218
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRUMAGIN, MICHAEL

7394 NW 114th ST
PARKLAND, FL 33076

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

\$0.00

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE manager
NAME CHRISTODOULOU, GEORGE E
STREET ADDRESS 88 BLACK FALCON AVE STE 345
CITY-ST-ZIP BOSTON, MA 02210

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE President
NAME LLEVAT, HERNINO C
STREET ADDRESS 8745 AERO DR SUITE 306
CITY-ST-ZIP SAN DIEGO, CA 92123

TITLE
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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: _____

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

10/21/03

Date

858244-0419

Daytime Phone #