

# LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2003 8:00 am**  
**Secretary of State**

02-27-2003 90001 042 \*\*\*\*50.00

DOCUMENT # L02000031737

1. Entity Name

ROSS BECKERMAN, L.L.C.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

76 Isle of Venice

3. Mailing Address

P.O. Box 2177

Suite, Apt. #, etc.

2E

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Ft Lauderdale, FL

City & State

Ft Lauderdale FL

4. FEI Number

02-0652090

Applied For

Not Applicable

Zip

33301

Country

U.S.A

Zip

33303

Country

U.S.A

5. Certificate of Status Desired

☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Ross P. Beckerman

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

76 Isle of Venice

Apt 2E

City

Ft Lauderdale

FL

Zip Code

33301

**DO NOT WRITE  
IN THIS SPACE**

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

Ross P. Beckerman

Ross P. Beckerman Manager

DATE

2/25/03

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Manager  
Ross P. Beckerman  
76 Isle of Venice # 2E  
Ft Lauderdale, FL 33301

TITLE  
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IN THIS SPACE**

CR2E083B (1/02)

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:

Ross P. Beckerman

Ross P. Beckerman Manager

2/25/03 954 260 2120

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

Date

Daytime Phone #