

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2003 8:00 am
Secretary of State

08-08-2003 90060 009 ****50.00

DOCUMENT # L02000032183

1. Entity Name

PARMART, L.L.C.



Principal Place of Business

ONE S.E. THIRD AVENUE STE. 960
MIAMI FL 33131

Mailing Address

ONE S.E. THIRD AVENUE STE. 960
MIAMI FL 33131

2. Principal Place of Business

2198 S University Dr

3. Mailing Address

635 Nandina Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Dawle, FL

City & State

Weston, FL

Zip

33324

Country

USA

Zip

33327

Country

USA

4. FEI Number

75-3103733

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROZENCWAIG, LESLIE ALAN PA
ONE S.E. THIRD AVENUE STE. 960
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Ben Lapscher

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

635 Nandina Dr

City

Weston

FL

Zip Code

33327

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

Ben Lapscher
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/15/03

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
Ben Lapscher
Manager
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Ben Lapscher
Manager
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

10. ADDITIONS / CHANGES

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

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

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☐ 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:

Ben Lapscher
SIGNATURE REQUIRED

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

Date

Daytime Phone #

954-389-1840

CR2E083 (4/03)