

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2003 8:00 am
Secretary of State

08-07-2003 90065 009 ****50.00

DOCUMENT # L02000032958

1. Entity Name

SERNOFF CONSULTING LLC



Principal Place of Business

**305 S. UNION STREET
ALEXANDRIA VA 22314**

Mailing Address

**305 S. UNION STREET
ALEXANDRIA VA 22314**

2. Principal Place of Business

2200 S. Ocean Blvd.

3. Mailing Address

2200 S. Ocean Blvd.

Suite, Apt. #, etc.

#607

Suite, Apt. #, etc.

#607

City & State

Delray Beach, Florida

City & State

Delray Beach, Florida

Zip

33483

Country

USA

Zip

33483

Country

USA

4. FEI Number

43-1987435

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name: **Louis R Sernoff**
Street Address (P.O. Box Number is Not Acceptable):
2200 S Ocean Blvd.
#607
City: **Delray Beach** FL Zip Code: **33483**

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: **MGRM** ☐ Delete
NAME: **Louis R Sernoff**
STREET ADDRESS: **2200 S. Ocean Blvd., #607**
CITY-ST-ZIP: **Delray Beach, Florida 33483**

10. ADDITIONS/CHANGES

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

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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

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

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

Louis R Sernoff

Date

8/5/03

Daytime Phone #

(561) 243-9349

CR2E083 (4/03)