

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2003 8:00 am
Secretary of State

08-18-2003 90109 008 *****50.00

DOCUMENT # **L02000033543**

1. Entity Name

ESSSQUARED, L.L.C.



Principal Place of Business

**4330 SHERIDAN ST., STE. 202-B
HOLLYWOOD FL 33021**

Mailing Address

**4330 SHERIDAN ST., STE. 202-B
HOLLYWOOD FL 33021**

2. Principal Place of Business

4340 SHERIDAN STREET

3. Mailing Address

4340 SHERIDAN STREET

Suite, Apt. #, etc.

SECOND FLOOR

Suite, Apt. #, etc.

SECOND FLOOR

City & State

HOLLYWOOD, FLORIDA

City & State

HOLLYWOOD, FLORIDA

Zip

33021

Country

USA

Zip

33021

Country

USA

4. FEI Number

74-3074917

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SERFATY, CHARLES S ESQ

**4330 SHERIDAN ST., STE. 202-B
HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent

Name

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

4340 SHERIDAN STREET

SECOND FLOOR

City

HOLLYWOOD

FL

Zip Code

33021

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

8/14/03

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **SERFATY, CHARLES S**
STREET ADDRESS **4330 SHERIDAN ST., STE. 202-B**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **MGR** ☐ Delete
NAME **SCHULMAN, BENJAMIN R**
STREET ADDRESS **4330 SHERIDAN ST., STE. 202-B**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4340 SHERIDAN ST., 2ND FLOOR**
CITY-ST-ZIP **HOLLYWOOD, FL 33021**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4340 SHERIDAN ST., 2ND FLOOR**
CITY-ST-ZIP **HOLLYWOOD, FL 33021**

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

Date

Daytime Phone #

8/14/03 954-894-9449

CR2E083 (4/03)