

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000033719

1. Entity Name

TEN THOUSAND GALLONS, LLC



FILED

2003 APR 23 PM 3:44

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1350 NO. OCEAN BLVD

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

POMPANO BEACH, FLA

City & State

4. FEI Number

14-1871771

Applied For

Not Applicable

Zip

33062

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

DAVID WEISMAN, ESQ

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

2021 Tyler Street

City

HOLLYWOOD

FL

Zip Code

33020

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.

DATE

4/22/03

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  
CAROL H. MINKIN (MGR)  
4405 WOODFIELD BLVD  
BOCA RATON, FLA 33434

TITLE NAME STREET ADDRESS CITY-ST-ZIP

900016810649  
04/23/03--01064--003 \*\*\$50.00

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
JOSHUA MINKIN (MGR)  
4405 WOODFIELD BLVD  
BOCA RATON, FLA 33434

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IN THIS SPACE**

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:

CAROL MINKIN

4-18-03

954-590-1150

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

Date

Daytime Phone #

CR2E083B (12/02)