2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

7/1

FILED
Sep 05, 2003 8:00 am
Secretary of State
07-15-2003 90017 002 ****50.00

DOCUMENT # L02000033840

1. Entity Name
ELLEN LIMAN LLC

Principal Place of Business
435 EAST 52ND STREET
NEW YORK NY 10022

Mailing Address
435 EAST 52ND STREET
NEW YORK NY 10022

[redacted]

2. Principal Place of Business: 139 N. County Road
Suite, Apt. #, etc.: # 3
City & State: Palm Beach, FLA
Zip: 33480 Country: USA

3. Mailing Address: above
Suite, Apt. #, etc.
City & State
Zip Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 04 3728142 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD., STE 508
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President, Secretary, Treas. ☐ Delete Ellen Liman, 435 East 52 Street NYC 10022	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (4/03)

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 REQUIRED E. Liman, July 9 2003 212 355 4375
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #

Single member

Attachment

55055731

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

July 16, 2003

ELLEN LIMAN LLC
435 EAST 52ND STREET
NEW YORK, NY 10022

Subject: **ELLEN LIMAN LLC**

Reference Number: **L02000033840**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling $50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment. Corrected

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JG
ANNUAL REPORTS SECTION

Ellen F. Liman 435 E. 52nd St. NYC
212-~~355-4375~~ Fax: 646-840-0211

9/2/03

Please advise if this is now filed —

by return mail / fax