

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

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90585 020 \*\*\*\*50.00

DOCUMENT # L02000034747

1. Entity Name

CDS HOLDINGS LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
10952 Egret Pointe Lane

Suite, Apt. #, etc.

3. Mailing Address  
10952 Egret Pointe Lane

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
West Palm Beach, FL

City & State  
West Palm Beach, FL

4. FEI Number 54-2097102

Applied For  
Not Applicable

Zip  
33412

Country  
US

Zip  
33412

Country  
US

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
Claudia G. Levy

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

10952 Egret Pointe Lane

City West Palm Beach

FL Zip Code  
33412

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

**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

Claudia G. Levy (Managing Member)  
10952 Egret Pointe Lane  
West Palm Beach, FL 33412

TITLE  
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CITY-ST-ZIP

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**DO NOT WRITE  
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

*Claudia G. Levy*

Claudia G. Levy

4/28/2003

561-207-6230

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

Date

Daytime Phone #

CR2E083B (12/02)