

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

FILED
Aug 05, 2003 8:00 am
Secretary of State

08-05-2003 90026 003 ****50.00

DOCUMENT # L02000034787

1. Entity Name

2121ROCKLEDGE, LLC



DO NOT WRITE IN THIS SPACE

90148998

2. Principal Place of Business

2121 US HIGHWAY 1

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

ROCKLEDGE, FLORIDA

Zip

32955-3726

Country

BREVARD

City & State

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fees Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name -

HOWARD ALLEN COHEN

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

1946 TYLER STREET

HOLLYWOOD, FLORIDA 33020-4517

City

HOLLYWOOD,

FL

Zip Code

33020-4517

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

MANAGING MEMBER

HARBOR AUTO CARE, INC.

2121 US HIGHWAY 1

ROCKLEDGE, FL 32955-3726

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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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: **HARBOR AUTO CARE, INC.** BY

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

WILLIAM TETTO, JR.

7/31/03 (321)633-3227

Date

Daytime Phone #

CR2E083B (12/02)