

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90160 010 ****50.00

DOCUMENT # L02000035141

1. Entity Name

NEW URBAN, LLC



Principal Place of Business

254 NE 6TH STREET
BOCA RATON FL 33432

Mailing Address

254 NE 6TH STREET
BOCA RATON FL 33432

2. Principal Place of Business

101 SE 15TH AVE

3. Mailing Address

101 SE 15TH AVE

Suite, Apt. #, etc.

E

Suite, Apt. #, etc.

E

City & State

FT LAUDERDALE, FL

City & State

FT LAUDERDALE, FL

Zip

33301

Country

Broward

Zip

33301

Country

Broward



MOORE

CR2E083 (11/03)

4. FEI Number

56-2309846

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NEWMAN, AARON
254 NE 6TH ST
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name

NEWMAN, AARON

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

101 SE 15TH AVE #E

City

FT LAUDERDALE

FL

Zip Code

33301

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME NEWMAN, AARON
STREET ADDRESS 254 NE 6TH STREET
CITY-ST-ZIP BOCA RATON FL 33432

TITLE MGR ☒ Delete
NAME NEWMAN, STEVE
STREET ADDRESS 468 E BOCA RATON RD
CITY-ST-ZIP BOCA RATON FL 33432

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 MGR ☒ Change ☐ Addition
NAME NEWMAN, AARON
STREET ADDRESS 101 SE 15TH AVE #E
CITY-ST-ZIP FT LAUDERDALE FL 33301

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 #

2, 9, 04 5617564392