

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

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90161 001 \*\*\*\*25.00  
05-03-2004 90161 002 \*\*\*\*25.00

DOCUMENT # L03000006703

1. Entity Name

JERMAT ASSOCIATES, LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1250 E HALLANDALE BEACH BLVD

3. Mailing Address

1250 E HALLANDALE BEACH BLVD

**34004871**

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

SUITE 904

Suite, Apt. #, etc.

SUITE 904

City & State  
HALLANDALE, FL

City & State  
HALLANDALE, FL

4. FEI Number 20-0119973

Applied For  
Not Applicable

Zip  
33009

Country

Zip  
33009

Country

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

7. Name and Address of Current Registered Agent

Name PAUL CLEEMAN

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

1250 EAST HALLANDALE BEACH BOULEVARD

City HALLANDALE

FL

Zip Code  
33009

**DO NOT WRITE  
IN THIS SPACE**

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  
Jeremy Ryan Cleeman Irrev.  
Trust c/o Paul Cleeman  
16485 Collins Ave.-Apt. WS-3C  
Sunny Isle Beach, FL 33160

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Matthew Cleeman Irrev. Trust  
c/o Paul Cleeman  
16485 Collins Ave.-Apt. WS-3C  
Sunny Isle Beach, FL 33160

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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

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

4-28-04

Date

34004871

Daytime Phone #

CP2E083B (12/02)