2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000024646

1. Entity Name
215 CLEMATIS, LLC

Principal Place of Business
215 CLEMATIS STREET
WEST PALM BEACH FL 33401

Mailing Address
215 CLEMATIS STREET
WEST PALM BEACH FL 33401

2. Principal Place of Business | 3. Mailing Address
Suite, Apt # etc | Suite, Apt. #, etc.
City & State | City & State
Zip | Country | Zip | Country

1st MOORE CR2E063 (10/04)

4. FEI Number 20-0231599 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

SPRING, ELLIOT
10671 COLLINS AVE #607
SUNNY ISLES FL 33160

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 [signature] Elliot Sprung 2/24/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $60.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY ST ZIP	P SPRUNG, ELLIOT 18671 COLLINS AVE #2502 SUNNY ISLES FL 33160	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	1000000249188 03/02/05--80063--001 150.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	PC SPRUNG, DAVID 19111 COLLINS AVE #607 SUNNY ISLES F 33160	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
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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] Elliot Sprung (786)897-4804
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone