

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90235 021 ***150.00

DOCUMENT # L03000044114

1. Entity Name

ROSLYN SIEGEL, LLC



Principal Place of Business

5825 SUNSET DRIVE
203
MIAMI FL 33143

Mailing Address

5825 SUNSET DRIVE
203
MIAMI FL 33143

44006634



MOORE CR2E083 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-0396428

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIEGEL, FRANKLIN J.
5825 SUNSET DRIVE
203
MIAMI FL 33143

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, 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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
MMGR
SIEGEL, FRANKLIN J.
5825 SUNSET DRIVE UNIT 203
MIAMI FL 33143

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SIEGEL, ROSLYN
5825 SUNSET DRIVE UNIT 203
MIAMI FL 33143

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SIEGEL, DONALD
5825 SUNSET DRIVE UNIT 203
MIAMI FL 33143

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SIEGEL, RICHARD
5825 SUNSET DRIVE UNIT 203
MIAMI FL 33143

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
NAME
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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: Franklin J. Siegel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/29/04 (305) 666-1066
Date Daytime Phone #