

07-03-07;07:40AM;

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2007 8:00 am
Secretary of State

07-18-2007 90015 001 ****50.00

DOCUMENT # L05000090999**1. Entity Name**

David S Gross and Associates, LLC

DO NOT WRITE IN THIS SPACE**2. Principal Place of Business**
5093 Pointe Alexis Dr

Suite, Apt. #, etc

3. Mailing Address
5093 Pointe Alexis Dr

Suite, Apt. #, etc.

City & State
Boca Raton, FL**City & State**
Boca Raton, FL**4. FEI Number**
20-3486257**Applied For**
Not Applicable**Zip**
33486**Country**
Palm Beach**Zip**
33486**Country**
Palm Beach**5. Certificate of Status Desired** ☐ \$5.00 Additional Fee Required60052867
DO NOT WRITE IN THIS SPACE**DO NOT WRITE
IN THIS SPACE****7. Name and Address of Current Registered Agent****Name**
David S. Gross**Street Address (P.O. Box Number is Not Acceptable)**
5093 Pointe Alexis Dr**City** Boca Raton **FL** **Zip Code** 33486**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.

6/30/2007**DATE**

FEE \$50.00
 Make Check Payable to Department of State
 BUREAU

9. MANAGING MEMBERS/MANAGERS
TITLE David S. Gross
NAME 5093 Pointe Alexis Dr.
STREET ADDRESS
CITY-ST-ZIP Boca Raton, FL 33486

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**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 in 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 808, Florida Statutes.****SIGNATURE:**

Member

6/30/2007

561-955-8700

Date

Daytime Phone #

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

CPRE0003 (2/02)