

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90196 005 ****55.00

DOCUMENT # L96000000474

1. Entity Name
BYRDLEY REALTY COMPANY, L.C.



Principal Place of Business

**22580 MIDDLETOWN DR
BOCA RATON FL 33428**

Mailing Address

**22580 MIDDLETOWN DR
BOCA RATON FL 33428**

2. Principal Place of Business

19416 PRESERVE DR

Suite, Apt. #, etc.

3. Mailing Address

19416 PRESERVE DR

Suite, Apt. #, etc.

City & State

Boca Raton FL

City & State

Boca Raton

Zip

33498

Country

USA

Zip

33498

Country

4. FEI Number **65-0662240**

Applied For

Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**FRANKEL, LARRY
22580 MIDDLETOWN DR
BOCA RATON FL 33428**

7. Name and Address of New Registered Agent

Name **FRANKEL, LARRY**

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

19416 PRESERVE DRIVE

City

BOCA RATON FL

Zip Code

33498

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 **Larry Frankel**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1/6/03**

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **FRANKEL, LARRY**
STREET ADDRESS **22580 MIDDLETOWN DR**
CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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 **MGRM** ☒ Change ☐ Addition
NAME **LARRY FRANKEL**
STREET ADDRESS **19416 PRESERVE DR.**
CITY-ST-ZIP **BOCA RATON, FL 33498**

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

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

TITLE ☐ Change ☐ Addition
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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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)