

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90272 008 ****50.00

DOCUMENT # L98000001434

1. Entity Name

SPRING & ASSOCIATES, LLC

Principal Place of Business

**1450 NE 4TH AVE
 BOCA RATON FL 33432**

Mailing Address

**1450 NE 4TH AVE
 BOCA RATON FL 33432**

967392

2. Principal Place of Business

#1870 NW 2nd Avenue

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton FL

City & State

Zip

33432

Country

USA

Country

4. FEI Number

65-0871937

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SPRING, APRIL
 1450 NE 4TH AVE
 BOCA RATON FL 33432**

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.

SIGNATURE

April Spring

4/29/02

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 Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
 NAME **SPRING, APRIL**
 STREET ADDRESS **6619 VIA REGINA**
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition
 NAME **Spring, April**
 STREET ADDRESS **1450 NE 4th Avenue**
 CITY-ST-ZIP **Boca Raton, FL 33432**

TITLE **PARTNER** ☐ Change ☒ Addition
 NAME **George Alexander Emmermann**
 STREET ADDRESS **1450 NE 4th Avenue**
 CITY-ST-ZIP **Boca Raton FL 33432**

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
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 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: *April Spring*

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

4/29/02 561-362-4343

Date

Daytime Phone #

CR2E083 (9/01)