

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90316 019 \*\*\*\*50.00

**DOCUMENT # L98000001864**

1. Entity Name  
**VAN ROY, L.C.**



Principal Place of Business

**154 TOLL GATE LANE  
ISLAMORADA FL 33036**

Mailing Address

**154 TOLL GATE LANE  
ISLAMORADA FL 33036**

2. Principal Place of Business

**100 SE 2nd Street**

Suite, Apt. #, etc.  
**2800 % Steve RASH**

City & State  
**Miami FL**

Zip Country  
**33131 Miami-Dade**

3. Mailing Address

**100 SE 2nd Street**

Suite, Apt. #, etc.  
**2800 % Steve RASH**

City & State  
**Miami FL**

Zip Country  
**33131 Miami Dade**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0880580**

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

**RASH, H. STEPHEN  
154 TOLL GATE LANE  
ISLAMORADA FL 33036**

Name  
**H. Stephen RASH**

Street Address (P.O. Box Number is Not Acceptable)  
**100 SE 2nd Street**

**Suite 2800 % Steve RASH**

City State Zip Code  
**Miami FL 33131**

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, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE  
**MGR**  
NAME  
**RASH, H. STEPHEN**  
STREET ADDRESS  
**154 TOLL GATE LANE**  
CITY-ST-ZIP  
**ISLAMORADA FL 33036**

☐ Delete

10. ADDITIONS/CHANGES

TITLE  
**MGR**  
NAME  
**H. Stephen RASH**  
STREET ADDRESS  
**100 SE 2nd Street #2800**  
CITY-ST-ZIP  
**Miami FL 33131**

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

Date

Daytime Phone #

CR2E083 (10/02)