## **2002 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # L9800002229

1. Entity Name

AGBLLC OF FLORIDA, LIMITED LIABILITY COMPANY

Principal Place of Business

Mailing Address

2225-AVIATION-AVENUE-SEVENTH FLOOR **COCONUT- GROVE FL-32123** 

-3225 AVIATION-AVENUE, -SEVENTH-FLOOR

-COCONUT-GROVE-FL 33133-

## **FILED** May 15, 2002 8:00 am Secretary of State

05-15-2002 90058 033 \*\*\*\*50.00

R0102939



										171 <b>- 18</b> Ell <b>- 18</b> III			
2. Principal Place of Business C/O Hinman Straub, P.C. C/O Hinman Straub													
C/O H11 Suite, Apt.		traub, P.C.	c/o Hinman Straub, P.C. Suite, Apt. #, etc.						DO NOT WRI	TE IN THIS	SPACE		
12	l Stat	e Street	121 Sta	ite S	Street	-			50 1101 1111	TE II TIII C	7017102		
City & Stat		3737	City & State				4. FEI N	umber	65-092700	01		pplied For	
	bany,		Albany, NY									ot Applicable	
Zip 1 2 1	12207 USA Zip 12207			Country USA							\$5.00 Ad Fee Require	.00 Additional Required	
	6. Name	ı			7. Name	and Add	dress of New I	Registered	Agent				
KAMENESH, PETER-Z. — 3225 AVATION AVENUE, SEVENTH-FLOOR— COCONUT. GROVE FL 33133					Bolanos Truxton, P.A.  Street Address (P.O. Box Number is Not Acceptable) 12800 University Drive  Suite 340  City Ft. Myers  FL Zip Code 33907								
8. The above	named entity	y submits this statement for	the purpose of changing its	register	ed office or				the State of Fl		<u>-   55</u>	<del>501</del>	
SIGNATURE .	Signature, typed	or printed name of registered agent a	Taut - (NOT	E: Registere	d Agent signatu	re required	when reinstatin	g)		1/30   DATE	02		
	•		Make Check Pa	yable t	FEE IS \$5 o Departr ay 1, 2002	nent of	State	·					
9.		MANAGING MEMBER	RS/MANAGERS	10.					ADDITIONS	/CHANGE	S		
TITLE NAME STREET ADDRESS	MGRFT:-MYERS-MANAGEMENT;-INC. S -3225-AVIATION-AVENUE; SEVENTH FLOOR -			TITLE NAM STRE		12	21 St	ate	Street		<b>X</b> Change	☐ Addition	
CITY-ST-ZIP		JT-GROVE-FL-33133		CITY	-ST-ZIP		lbany			7			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete ;		1		-				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete								☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete			·					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete								☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	CITY	E Et address -st-zip						☐ Change	Addition	
11. I hereby of indicated	ertify that the	e information supplied with it is true and accurate and t	this filing does not qualify fo that my signature shall have	r the exe the same	mption state legal effec	ed in Sec t as if m	ction 119.0 ade under	7(3)(i), Fl oath; tha	orida Statutes. It I am a mana	I further ce ging memb	ertify that the i per or manag	information er of the	

limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** 

4(261,2 518-436-17)7