

2001 UNIFORM BUSINESS REPORT (UBR)

0002438 SP

DOCUMENT # L99000000748

1. Entity Name

NHC LOUDSPEAKER RESEARCH, LLC

FILED

01 MAR 15 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

13111 LALIQUE COURT
PALM BEACH GARDENS FL 33410

Mailing Address

13111 LALIQUE COURT
PALM BEACH GARDENS FL 33410

2. Principal Place of Business

2677 Richard Road

3. Mailing Address

2677 Richard Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake Park FL

City & State

Lake Park FL

Zip

33403

Country

U.S.

Zip

33403

Country

U.S.

4. FEI Number

65-0888136

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

NEWMAN, MARGARET C
13111 LALIQUE CT
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name

Kenneth F. CSANT

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

2677 Richard Road

City

Lake Park

FL

Zip Code

33403

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

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGR
STREET ADDRESS NEWMAN, MARGARET C
CITY-ST-ZIP 13111 LALIQUE COURT
PALM BEACH GARDENS FL 33410

☒ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE NAME MGR
STREET ADDRESS Kenneth F. CSANT
CITY-ST-ZIP 2677 Richard Road
Lake Park FL 33403

☒ Change

☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

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TITLE NAME
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TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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 #

Kenneth F. CSANT 3-12-01 845-1193

CR2E083 (11/00)