

# 6000 UNIFORM BUSINESS REPORT (UBR)

0002113 AF

DOCUMENT # L99000000873

1. Entity Name  
KENDALL ISAN, L.L.C.

FILED

00 JAN 27 PM 12: 59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2420 N.E. 27TH STREET  
LIGHTHOUSE POINT FL 33064

Mailing Address  
2420 N.E. 27TH STREET  
LIGHTHOUSE POINT FL 33064-8357



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

65-0959275

4. FEI Number  
~~APPLIED FOR~~

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name JERRY ISAN  
Street Address (P.O. Box Number is Not Acceptable) 2420 N.E. 27TH St.  
City LIGHT HOUSE POINT FL Zip Code 33064

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

10. ADDITIONS/CHANGES

TITLE NAME MGRM ISAN, JERRY B ☐ Delete  
STREET ADDRESS 2420 N.E. 27TH STREET  
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 000003119710--6  
CITY-ST-ZIP -02/01/00--01137--001

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS \*\*\*\*\*50.00 ☐ Change ☐ Addition  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

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TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

954-943-9611

CR2E083 (9/99)