

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001227

1. Entity Name
EIRE ROCHESTER FLORIDA L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 15 PM 1:32

Principal Place of Business
1801 NE 4TH STREET, SUITE 200
BOYNTON BEACH FL 33435

Mailing Address
1801 NE 4TH STREET, SUITE 200
BOYNTON BEACH FL 33435-2502



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0923905

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~SEESE, ILONA~~

1801 NE 4TH STREET, SUITE 200
BOYNTON BEACH FL 33435

Name

MARK D. SPILLANE

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

1801 NE FOURTH STREET

SUITE 200

City

BOYNTON BEACH, FL

Zip Code

33435

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 ~~MGR MANAGER~~ ☒ Delete
NAME ~~SEESE, ILONA~~ ~~MARK D. SPILLANE~~
STREET ADDRESS 1801 NE 4TH STREET, SUITE 200
CITY- ST- ZIP BOYNTON BEACH FL 33435

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

TITLE MANAGER ☐ Delete
NAME SPILLANE, MARK D.
STREET ADDRESS 1801 NE 4th Street, Ste. 200
CITY- ST- ZIP BOYNTON BEACH, FL 33435

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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

TITLE ☐ Change ☐ Addition
NAME
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 #

3/8/00

(561) 742-1201

CR2E083 (9/99)