

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001227

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

FILED

01 FEB 19 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

2. Principal Place of Business

2840 NW Boca Raton Blvd

Suite, Apt. #, etc.

Suite 101

City & State

Boca Raton FL

Zip

33431

Country

USA

3. Mailing Address

2840 NW Boca Raton Blvd

Suite, Apt. #, etc.

Suite 101

City & State

Boca Raton FL

Zip

33431

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0923905

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SPILLANE, MARK D

1801 NE 4TH STREET, SUITE 200 2840 NW Boca Raton Blvd.
BOYNTON BEACH FL 33435 Suite 101
Boca Raton, FL 33431

7. Name and Address of New Registered Agent

Name

Spillane & Company, Inc

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

2840 NW Boca Raton Blvd

Suite 101

City

Boca Raton

FL

Zip Code

33431

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

Spillane & Company, Inc. by Mark D. Spillane a/k/a Mark D. Spillane 1-30-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME SPILLANE, MARK D
STREET ADDRESS 1801 NE 4TH STREET, SUITE 200 2840 NW Boca Raton Blvd 101
CITY-ST-ZIP BOYNTON BEACH FL 33435 Boca Raton, FL 33431

TITLE
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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS 2840 NW Boca Raton Blvd Ste 101
CITY-ST-ZIP Boca Raton, FL 33431

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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:

Mark D. Spillane, Manager

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

Date

1/16/01

Daytime Phone #

561-742-1201

CR2E083 (11/00)