

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002050

1. Entity Name  
L & M HOLDINGS LLC

APPROVED  
AND  
FILED

00 APR 27 AM 9:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

9630 N.W. 16TH COURT  
PEMBROKE PINES FL 33024

Mailing Address

9630 N.W. 16TH COURT  
PEMBROKE PINES FL 33024-4450



2. Principal Place of Business

2940 Old Orchard Road  
Suite, Apt. #, etc.

3. Mailing Address

2940 Old Orchard Road  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
DAVIE, FLORIDA  
Zip  
33328  
Country  
USA

City & State  
DAVIE, FLORIDA  
Zip  
33328  
Country  
USA

MMMM

4. FEI Number  
65-0932743

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HECHT, ALAN R  
2670 N.E. 215TH STREET  
MIAMI FL 33180

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 STREET ADDRESS CITY-ST-ZIP	MGR MONTE, NEALE 9630 N.W. 16TH COURT PEMBROKE PINES FL 33024	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOWENSTEIN, DARYL 5428 DUNMORE ROAD WILMINGTON NC 28409	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	2940 Old Orchard Road DAVIE, FL 33328	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4.13.00

Date

954-915-6780

Daytime Phone #

CR2E083 (9/99)