

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000002123

1. Entity Name

ATLANTIC BUSINESS CENTER L.C.



Principal Place of Business

2100 PARK CENTRAL BOULEVARD NORTH
STE 900
POMPANO BEACH, FL 33064

Mailing Address

2100 PARK CENTRAL BOULEVARD NORTH
STE 900
POMPANO BEACH, FL 33064



01092004No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0911341

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KLEIN, THEODORE J ESQ
88 N.E. 168 STREET
NORTH MIAMI BEACH, FL 33162

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

000000156948
05/05/04-80092-001 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME AZOUT, JACK
STREET ADDRESS 2875 NE 191 STREET, PENTHOUSE 1
CITY-ST-ZIP AVENTURA, FL 33180

TITLE MGR
NAME GILINSKI, SAUL
STREET ADDRESS 2875 NE 191 STREET, PENTHOUSE 1
CITY-ST-ZIP AVENTURA, FL 33180

TITLE MGR
NAME SREDNI, ERWIN
STREET ADDRESS 2875 NE 191 STREET, PENTHOUSE 1
CITY-ST-ZIP AVENTURA, FL 33180

TITLE MGR
NAME SREDNI, ISAAC
STREET ADDRESS 2875 NE 191 STREET, PENTHOUSE 1
CITY-ST-ZIP AVENTURA, FL 33180

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #