

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90113 008 ****50.00

60023404

DO NOT WRITE IN THIS SPACE

DOCUMENT # L 99000002274

1. Entity Name

4WEBMED, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2805 N. Commerce Pkwy

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIRAMAR, FL

City & State

FL

Zip

33025

Country

USA

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Robert L. Tammara

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

1010 Seminole Dr.

City

Fort. Lauderdale,

FL

Zip Code

33304

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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

Robert L. Tammara, Secretary Robert L. Tammara

1/2/03
DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Jonathan Tammara
2805 N. Commerce Pkwy
Miramar, FL 33025

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary / Treasurer
Robert L. Tammara
2805 N. Commerce Pkwy
Miramar, FL 33025

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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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:

Robert L. Tammara

1-30-03

454-322-2668

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

Date

Daytime Phone #

CR2E083B (12/02)