

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003011

1. Entity Name

EDFRA, LLC

Principal Place of Business

808 NORTHLAKE BLVD.
NORTH PALM BEACH FL 33408

Mailing Address

246 CANTERBURY CIRCLE
PALM BEACH GARDENS FL 33418

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

BRAIDER, FRANK J JR
246 CANTERBURY CIRCLE
PALM BEACH GARDENS FL 33418

4. FEI Number

65-0923737

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BRAIDER, FRANK J JR 246 CANTERBURY CIRCLE PALM BEACH GARDENS FL 33418 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BRAIDER, EDNA M 246 CANTERBURY CIRCLE PALM BEACH GARDENS FL 33418 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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10. ADDITIONS/CHANGES

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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.

EDNA M. BRAIDER

SIGNATURE:

Edna M. Braider

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

4/16/02

Date

561-775-0487

Daytime Phone #

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90069 042 ****50.00



DO NOT WRITE IN THIS SPACE

CP2E083 (9/01)