

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003398

1. Entity Name
ORCHID ASSOCIATES, LLC

APPROVED
AND
FILED

00 MAR 27 AM 6:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

my 4/6



DO NOT WRITE IN THIS SPACE

Principal Place of Business
350 CAMINO GARDENS BLVD., SUITE 200
BOCA RATON FL 33432

Mailing Address
350 CAMINO GARDENS BLVD., SUITE 200
BOCA RATON FL 33432-5847

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number ☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

9. MANAGING MEMBERS / MEMBERS

TITLE ☐ Delete
NAME MGR
STREET ADDRESS SMOLEV, IRA
CITY-ST-ZIP 350 CAMINO GARDENS BLVD., SUITE 200
BOCA RATON FL 33432

TITLE ☐ Delete
NAME MGR
STREET ADDRESS TURIANSKY, BRUCE
CITY-ST-ZIP 350 CAMINO GARDENS BLVD., SUITE 200
BOCA RATON FL 33432

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date Daytime Phone #

1/14/00 561362 6715

CR2E083 (9/99)