

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003681

1. Entity Name

MYER HOLDINGS, L.L.C.

Principal Place of Business

5555 N.W. 36TH STREET
MIAMI SPRINGS FL 33166-5812

Mailing Address

5555 N.W. 36TH STREET
MIAMI SPRINGS FL 33166-5812

2. Principal Place of Business

Suite, Apt. #, etc.,

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.,

City & State

Zip

Country

FILED
00 MAR 13 PM 2:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEL Number

APPLIED For

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MYER, STEPHEN J
5555 N.W. 36TH STREET
MIAMI SPRINGS FL 33166-5812

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 MGR
NAME MYER, STEPHEN J
STREET ADDRESS 5555 N.W. 36TH STREET
CITY- ST- ZIP MIAMI SPRINGS FL 33166-5812 ☐ Delete

TITLE MGR
NAME MYER, GREGORY L
STREET ADDRESS 5555 N.W. 36TH STREET
CITY- ST- ZIP MIAMI SPRINGS FL 33166-5812 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
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CITY- ST- ZIP ☐ Delete

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CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition
200003182682---7
-03/24/00--01043--009
*****50.00 *****50.00

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

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

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

3-6-00