

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2003 8:00 am
Secretary of State

01-24-2003 90254 035 *****55.00

DOCUMENT # L99000003848

1. Entity Name

YOUNGROSS CARDENAL & ASSOCIATES CONSULTING ENGINEERS, L.L.C.



Principal Place of Business

**2275 S. FEDERAL HWY., SUITE 350
DELRAY BEACH FL 33483**

Mailing Address

**2275 S. FEDERAL HWY., SUITE 350
DELRAY BEACH FL 33483**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0932257**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**CARDENAL, BERNANDO
2275 S. FEDERAL HWY., SUITE 350
DELRAY BEACH FL 33483**

7. Name and Address of New Registered Agent

Name **Andrew Youngross**
Street Address (P.O. Box Number is Not Acceptable) **2275 S Federal Hwy**
Suite 350
City **Delray Beach** FL Zip Code **33483**

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]

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

(NOTE: Registered Agent signature required when reinstating)

1-22-03

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **YOUNGROSS, ANDREW**
STREET ADDRESS **2275 S. FEDERAL HWY., SUITE 350**
CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE **P** ☐ Delete
NAME **CARDENAL, BERNANDO**
STREET ADDRESS **2275 S FEDERAL HWY STE 350**
CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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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STREET ADDRESS
CITY-ST-ZIP

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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)(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 606, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

3-30-03

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

Date

Daytime Phone #

CR2E083 (10/02)