

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

02-14-2003 90062 008 \*\*\*\*55.00

**DOCUMENT # L99000003949**



1. Entity Name  
**ARYA DEVELOPMENT, LLC**

Principal Place of Business

**318 N PRESCOTT AVE  
CLEARWATER FL 33755**

Mailing Address

**2110 DREW STR  
200  
CLEARWATER FL 33765**

2. Principal Place of Business

**2110 Drew Street**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**200**

City & State

**Clearwater, FL**

City & State

Zip

**33765**

Country

**USA**

Country

4. FEI Number **59-3584570**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**KAPLAN, KAREN  
2453 BRAELIA DR #39  
CLEARWATER FL 33765**

7. Name and Address of New Registered Agent

Name

**Karen Kaplan**

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

**2110 Drew Street, Suite 200**

City

**Clearwater**

FL

Zip Code

**33765**

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

**Karen Kaplan**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-15-03**

**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 **CHARNY, JOSEPH**  
STREET ADDRESS **2014 DREW STREET**  
CITY-ST-ZIP **CLEARWATER FL 33765**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☒ Addition  
NAME **Manager**  
STREET ADDRESS **Meir Ezra**  
CITY-ST-ZIP **2110 Drew Street, Suite 200  
Clearwater, Florida 33765**

TITLE ☐ Change ☒ Addition  
NAME **Secretary**  
STREET ADDRESS **Karen Kaplan**  
CITY-ST-ZIP **2110 Drew Street, Suite 200  
Clearwater, Florida 33765**

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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)(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 REQUIRED**

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

Date

Daytime Phone #

**2/12/03 727-461-9799**

CR2E083 (10/02)