

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 02, 2002 8:00 am
Secretary of State

02-18-2002 90184 033 ****50.00

DOCUMENT # L99000004067

1. Entity Name

BATTLE DESIGN, L.L.C.

Principal Place of Business

**705 S.E. 24TH STREET
FT. LAUDERDALE FL 33316**

Mailing Address

**705 S.E. 24TH STREET
FT. LAUDERDALE FL 33316**

2. Principal Place of Business

4100 SW 28th WAY

3. Mailing Address

4100 SW 28th WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FT LAUDERDALE, FL

City & State

FT LAUDERDALE, FL

4. FEI Number

65-0935287

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**BLODIG, GREGORY J ESQ.
C/O GREENSPOON, MARDER, HIRSCHFELD, RAFFIN
100 WEST CYPRESS CREEK ROAD, SUITE 700
FT. LAUDERDALE FL 33309**

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

1-11-02**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
**MGR
MURRAY, WILLIAM
705 S.E. 24TH STREET
FT. LAUDERDALE FL 33316** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 ☐ DeleteTITLE
NAME
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CITY-ST-ZIP
 ☐ DeleteTITLE
NAME
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CITY-ST-ZIP
 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MANAGER
MURRAY, WILLIAM
4100 SW 28th WAY
FT LAUDERDALE, FL 33312** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 ☐ Change ☐ AdditionTITLE
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 REQUIRED**1-11-02 (954) 527-5505**

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

Date

Daytime Phone #

CR2E083 (9/01)