

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004678

1. Entity Name
LANWOL, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 16 PM 2:50

Principal Place of Business
9767 PARKVIEW AVENUE
BOCA RATON FL 33428

Mailing Address
9767 PARKVIEW AVENUE
BOCA RATON FL 33428-2920



2. Principal Place of Business

3. Mailing Address

640 E. HALLANDALE BEACH BLVD
Suite, Apt. #, etc.

640 E. HALLANDALE BEACH BLVD
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HALLANDALE, FL

City & State

HALLANDALE, FL

4. FEI Number

65-0937524

Applied For

Not Applicable

Zip

33009

Country

USA

Zip

33009

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOLFMAN, JOSH
9767 PARKVIEW AVENUE
BOCA RATON FL 33428

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.

JOSHUA WOLMAN

MANAGING MEMBER

March 9, 2000

(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

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME WOLFMAN, JOSH
STREET ADDRESS 9767 PARKVIEW AVENUE
CITY-ST-ZIP BOCA RATON FL 33428

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

TITLE MGRM ☐ Delete
NAME LANG, ADAM
STREET ADDRESS 9767 PARKVIEW AVENUE
CITY-ST-ZIP BOCA RATON FL 33428

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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)(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 OR MANAGER

March 9, 2000
Date

954-455-3336
Daytime Phone #

CR2E083 (9/99)