

"FINAL"

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 19, 2003 8:00 am
Secretary of State

02-19-2003 90002 006 ****50.00

DOCUMENT # **L99000004722**

1. Entity Name

Validate LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

900 E Indiantown Rd

Suite, Apt. #, etc.

Suite 216

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Jupiter FL

City & State

Zip

33477

Country

USA

Zip

Country

4. FEI Number

65-0939646

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Neves, Terry

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

900 E Indiantown Rd Ste 216

City

Jupiter

FL

Zip Code

33477

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

DATE

FEES IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 14

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
Neves, Terry
900 E Indiantown Rd Ste 216
Jupiter FL 33477**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
Neves, Elizabeth
900 E Indiantown Rd Ste 216
Jupiter FL 33477**

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**DO NOT WRITE
IN THIS SPACE**

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: **Terry Neves**

Serv. A. Neves, managing member - 2/10/03 561-741-7181

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

Date

Daytime Phone #

CR2E083B (12/02)