

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000004905**

1. Entity Name

NUTSNBOLTS, LLC

Principal Place of Business

**19501 BISCAYNE BLVD
SUITE 400
AVENTURA FL 33180**

Mailing Address

**19501 BISCAYNE BLVD
SUITE 400
AVENTURA FL 33180**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**SOFFER, MARSHA
19501 BISCAYNE BLVD
SUITE 400
AVENTURA FL 33180**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

B. 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

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

**MGR
SOFFER, MARSHA
19501 BISCAYNE BLVD SUITE 400
AVENTURA FL 33180**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

Date

Daytime Phone #

FILED
Jun 19, 2002 8:00 am
Secretary of State

05-22-2002 90275 013 ****50.00



DO NOT WRITE IN THIS SPACE

65-0940266

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

CR2003 (9/01)

4-35-02 305-937-6200