

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

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90265 047 ***150.00

DOCUMENT # L99000005129

1. Entity Name

The Seasons of Florida, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

C/O The Richman Group C/O The Richman Group

Suite, Apt. #, etc.

Suite, Apt. #, etc.

599 West Putnam Ave 599 West Putnam Ave

DO NOT WRITE IN THIS SPACE

City & State

City & State

Greenwich Ct.

Greenwich Ct

4. FEI Number

Applied For

Zip 06830

Country USA

Zip 06830

Country USA

58 24 88090

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Registered Agents of Florida, L.L.C.

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

Nations Bank Tower, Suite 3500

100 South East 2nd Street

City

Miami

FL

Zip Code

33151

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

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Wilder Richman Corp
599 West Putnam Ave
Greenwich Ct 06830

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Richelson, Eric
4 New Kings St.
White Plains, NY 10604

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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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:

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

Date

Daytime Phone #

CR2E083B (12/01)