

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000006899**

1. Entity Name  
**ARNOLD FRIEDMAN, L.L.C.**

Principal Place of Business  
P.O. BOX 551260  
JACKSONVILLE FL 32255

Mailing Address  
P.O. BOX 551260  
JACKSONVILLE FL 32255

FILED

01 MAR 16 PM 4:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **10-4180868**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

## 6. Name and Address of Current Registered Agent

**ANSBACHER, LEWIS**  
**5150 BELFORT ROAD, #100**  
**JACKSONVILLE FL 32256**

## 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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

## 9. MANAGING MEMBERS/MEMBERS

TITLE **MGRM**  
NAME **FRIEDMAN, ARNOLD**  
STREET ADDRESS **4628 TALL PINES DRIVE, N.W.**  
CITY-ST-ZIP **ATLANTA GA 30327**

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## 10. ADDITIONS/CHANGES

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CITY-ST-ZIP

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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:

*Arnold Friedman*

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

Date

Daytime Phone #

0003058

AF

CR2E083 (11/00)