2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR

DOCUMENT # L9900008092

1. Entity Name

SIGNATURE:

SENIOR AMERICAN ASSURANCE, LC



FILED Feb 25, 2003 8:00 am Secretary of State 02-25-2003 90086 030 ****50.00

Principal Pla	lace of Business	Mailing Address	<u> </u>				
2450 HOLLYWOOD BOULEVARD. SUITE 700 HOLLYWOOD FL 33020 2. Principal Place of Business Suite, Apt. #, etc.		2450 HOLLYWOOD BOU HOLLYWOOD FL 33020	2450 HOLLYWOOD BOULEVARD. SUITE 700				
		3. Mailing Address					
		Suito Apt # ato			T TOO SHOULD BE A POING TOWN OF THE STATE OF		
		Suite, Apr. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
City & Sta	ate	City & State		4. FEI Number	65-0966321	<u> </u>	Applied For
Zip	Country	Zip	Country	5. Certificate o	f Status Desired	\$5.00	Not Applicated Additional
· .	6. Name and Address of Cu	rrent Registered Agent	-\			fee Requ	
CAL			Name	7. Hame and A	ddress of New Regist	ered Agent	
SAMUELS, EUGENE P ESQUIRE 11242 S.W. 128 PLACE			Street Addre				·
	MI FL 33186		Sileel Addre	ess (P.O. Box Number	is Not Acceptable)		
	19		City			Zip Co	ode
The above	e named entity submits this statement on sof registered agent.	ent for the purpose of changing i	ts registered office or roa	ictored egent as half			
the obliga	ations of registered agent.	i parpoor or origing	to registered office of reg	istered agent, or both,	in the State of Florida.	I am familiar wit	h, and accer
GNATURE	· ·						
	Signature, typed or printed name of registered	agent and title if applicable. (NO	TE: Registered Agent signature rec	quired when reinstating)		DATE	****
		FILE	IOW!!! FEE IS \$50.0	00			
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		Make Check Paya	IOW!!! FEE IS \$50.0 ble to Florida Depart ue By May 1, 2003	00 ment of State			
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Z. TE.WUIKED

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