

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008992

1. Entity Name

DELTA DIVING, L.L.C.

FILED

01 JAN 18 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1515 N. FEDERAL HIGHWAY, STE. 106
BOCA RATON FL 33432

Mailing Address

1515 N. FEDERAL HIGHWAY, STE. 106
BOCA RATON FL 33432

2. Principal Place of Business

2 WEST DIXIE HIGHWAY

Suite, Apt. #, etc.

3. Mailing Address

2 WEST DIXIE HIGHWAY

Suite, Apt. #, etc.

City & State

DANIA BEACH FL

City & State

DANIA BEACH FL

Zip

33004

Country

Zip

33004

Country

4. FEI Number

65-0927077

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCKAY, MICHAEL

% 4800 N. FEDERAL HIGHWAY, STE. 200E

BOCA RATON FL 33431

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 NAME STREET ADDRESS CITY-ST-ZIP
MGRM MCKAY, MICHAEL 2 WEST DIXIE HIGHWAY DANIA BEACH FL 33004 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGRM BUTLER, MICHAEL 1515 N. FEDERAL HIGHWAY, STE. 106 BOCA RATON FL 33432 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
500003576155-5
01/26/01-01037-013
*****50.00 *****50.00

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ 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: x

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

1-16-2001

Date

Daytime Phone #

CR2E083 (11/00)