

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000009325**

1. Entity Name

PAT ROSE ASSOCIATES, LLC

FILED

01 JAN 31 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**3257 FIDDLERS HAMMOCK DRIVE
PONTE VEDRA BEACH FL 32082**

Mailing Address

**3257 FIDDLERS HAMMOCK DRIVE
PONTE VEDRA BEACH FL 32082**

2. Principal Place of Business

PVB, FL

3. Mailing Address

3257 FIDDLERS HAMMOCK FL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3257 FIDDLERS HAMMOCK FL

Ponte Vedra Beach FL

City & State

City & State

PVB FL

Ponte Vedra Beach FL

Zip

Country

Zip

Country

32082 USA

32082 USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

13-3812897

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SAFER, ELIOT J
4925 BEACH BOULEVARD
JACKSONVILLE FL 32205**

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 **MGR** ☐ Delete
NAME **ROSE, PAT**
STREET ADDRESS **3257 FIDDLERS HAMMOCK DRIVE**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 REQUIRED

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

Date

Daytime Phone #

CR2E083 (11/00)