

2001 UNIFORM BUSINESS REPORT (UBR)

hlc

DOCUMENT # **MD0000001538**
 1. Entity Name
1864 17TH STREET SARASOTA FLORIDA LLC

FILED
 01 MAY 29 PM 3:53
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address
30 BROAD ST 31ST FL **30 BROAD ST 31ST FL**
NY NY 10004 **NY NY 10004**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **13-4129488** Applied For Not Applicable
 5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required
 6. Name and Address of Current Registered Agent
SABATELLO MICHAEL J
777 S FLAGLER DRIVE
WEST PALM BEACH FL 33401
 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 _____ (NOTE: Registered Agent signature required when reinstating)
 Signature, typed or printed name of registered agent and title if applicable DATE

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

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES		
TITLE	NAME	STREET ADDRESS CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS CITY - ST - ZIP
	<input type="checkbox"/> Delete	1864 17TH STREET SARASOTA FLORIDA MM, LLC MGRM 30 BROAD ST 31ST FL NY NY 10004		<input type="checkbox"/> Change <input type="checkbox"/> Addition	400004420724--5 -06/14/01--0111--010 *****50.00 *****50.00
TITLE	NAME	STREET ADDRESS CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS CITY - ST - ZIP
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	STREET ADDRESS CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS CITY - ST - ZIP
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	STREET ADDRESS CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS CITY - ST - ZIP
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> 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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (1/00)