

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90088 010 *****50.00

DOCUMENT # M00000001581

1. Entity Name

VAN DYKE LLC



Principal Place of Business

**3345 OLEANDER WAY
GULF STREAM FL 33483**

Mailing Address

**3345 OLEANDER WAY
GULF STREAM FL 33483**

40013993

2. Principal Place of Business

3550 South US 1

Suite, Apt. #, etc.

LOT #12 OFFICE

City & State

FORT PIERCE, FL

Zip

34902

Country

USA

3. Mailing Address

9771 8TH PLACE SOUTH

Suite, Apt. #, etc.

City & State

BOYNTON BEACH, FL

Zip

33437

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1029725**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SCANNELL, THOMAS F III
3345 OLEANDER WAY
GULF STREAM FL 33483**

7. Name and Address of New Registered Agent

Name

SCANNELL, THOMAS F III

Street Address (P.O. Box Number is Not Acceptable)

9771 8TH PLACE SOUTH

City

BOYNTON BEACH

FL

Zip Code

33437

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Thomas F. Scannell

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-14-03

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **SCANNELL, THOMAS F III**
STREET ADDRESS **3345 OLEANDER WAY**
CITY-ST-ZIP **GULF STREAM FL 33483**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
NAME **SCANNELL, THOMAS F III**
STREET ADDRESS **9771 8TH PLACE SOUTH**
CITY-ST-ZIP **BOYNTON BEACH, FL 33437**

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:

Thomas F. Scannell

Date

Daytime Phone #

CR2E083 (10/02)