

M01000000194

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 JUL 25 AM 10:47

DOCUMENT # M01000000194

1. Entity Name

POLAR BAY INDUSTRIES, LLC



DO NOT WRITE IN THIS SPACE

100021790581  
07/25/03--01067--006 \*\*200.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4387 WESTROADS DR

Suite, Apt. #, etc.

3. Mailing Address

4387 WESTROADS DR

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FLORIDA

City & State

WEST PALM BEACH, FLORIDA

4. FEI Number

31-1733714

Applied For

Not Applicable

Zip

33407

Country

Zip

33407

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name MICHAEL M. BOGART

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

4387 WESTROADS DR

City WEST PALM BEACH

FL

Zip Code  
33407

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IN THIS SPACE

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

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

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
MGRM MICHAEL M. BOGART  
STREET ADDRESS  
4387 WESTROADS DR  
CITY-ST-ZIP  
WEST PALM BEACH, FLORIDA 33407

TITLE  
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CITY-ST-ZIP

REINSTATEMENT 02-03  
Wet 7/25

DO NOT WRITE  
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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

7-21-03

Date

561-844-8811

Daytime Phone #