

*Amended*  
**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # M01000000196

1. Entity Name

Polar Bay Companies, LLC.



**FILED**  
03 APR 28 AM 8:29  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
115 Coconut Key Ln.

3. Mailing Address  
115 Coconut Key Ln.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Delray Beach, Florida

City & State  
Delray Beach, Florida

Zip  
33484

Country

Zip  
33484

Country

4. FEI Number  
34-1939310

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
Michael M. Bogart

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

115 Coconut Key Ln

City  
Delray Beach, Florida

FL

Zip Code  
33484

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

Michael M. Bogart

3-24-03

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  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM, Michael M. Bogart  
115 Coconut Key Ln.  
Delray Beach, Florida 33484

TITLE  
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CITY-ST-ZIP

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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:

Michael M. Bogart

3-24-03

561-496-4623

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

Date

Daytime Phone #

CR2E083B (12/02)