

FILED
Jun 19, 2002 8:00 am
Secretary of State

05-27-2002 90407 016 ****50.00

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

DOCUMENT # **MD1000000223** ✓
1. Entity Name
ARDEN Management, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 121 S. Broad St		3. Mailing Address 121 S. Broad Street	
Suite, Apt. #, etc. SK 1300		Suite, Apt. #, etc. 13th Floor	
City & State Phila PA		City & State Philadelphia PA	
Zip 19107	Country USA	Zip 19107	Country USA

4. FEI Number
23-3073669

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

94267

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name CT CORPORATION
Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road
City Plantation FL Zip 33324

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 registrant agent and date if applicable

DATE

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SOLE MEMBER GRAIG A. SPENCER 121 S. Broad St 13th Floor Phila PA 19107	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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

5/16/02

215-735-1313

Date:

Daytime Phone #

CR2E083B (12/01)