

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

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90597 014 ****50.00

DOCUMENT # M01000002733

1. Entity Name
CUNNINGHAM, PLLC
NNINGHAM, PLLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7115 NW 71ST TERRACE
Suite, Apt. #, etc.

3. Mailing Address
7115 NW 71ST TERRACE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PARKLAND, FL

City & State
PARKLAND, FL

4. FEI Number
31-1779043

Applied For
Not Applicable

Zip
33067

Country
USA

Zip
33067

Country
USA

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
SHIRLEY A. CUNNINGHAM, JR.

Street Address (P.O. Box Number is Not Acceptable)
7115 NW 71ST TERRACE

City **PARKLAND, FL** Zip Code **33067**

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 registered agent and title 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
MGR M
SHIRLEY A. CUNNINGHAM, JR.
7115 NW 71ST TERRACE
PARKLAND, FL 33067

TITLE
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IN THIS SPACE**

CR2E083B (12/01)

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

Date

Daytime Phone #