

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # M02000000095**

1. Entity Name

CAULIS NEGRIS, LLC



Principal Place of Business

3960 RCA BLVD., SUITE 6002  
PALM BEACH GARDENS, FL 33410

Mailing Address

3960 RCA BLVD., SUITE 6002  
PALM BEACH GARDENS, FL 33410



01202004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

13-4079449

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	WERTHEIM, RAM D
STREET ADDRESS	113 KING STREET
CITY, ST, ZIP	ARMONK, NY 10504
TITLE	VPS
NAME	GUNDERSEN, GEORGE G
STREET ADDRESS	3960 RCA BLVD. STE 6002
CITY, ST, ZIP	PALM BEACH GARDENS, FL 33410
TITLE	TAS
NAME	MURRAY, GERARD E
STREET ADDRESS	113 KING STREET
CITY, ST, ZIP	ARMONK, NY 10504
TITLE	VP
NAME	WENTWORTH, BRUCE R
STREET ADDRESS	2 CORPORATE DRIVE, STE. 350
CITY, ST, ZIP	SHELTON, CT 06484
TITLE	VP
NAME	MIRANDA, JAMES R
STREET ADDRESS	3960 RCA BLVD. STE. 6002
CITY, ST, ZIP	PALM BEACH GARDENS, FL 33410
TITLE	VP
NAME	BUDNICK, NEIL
STREET ADDRESS	113 KING STREET
CITY, ST, ZIP	ARMONK, NY 10504

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04/23/04-80006-018 50.00

**DO NOT WRITE  
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:**

*Bruce Wentworth*

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

4/02/04

Date

(866) 279-6428

Daytime Phone #