

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90077 044 *****50.00

0022524

DOCUMENT # M02000001104

1. Entity Name
123 MONEY LLC



Principal Place of Business
**420 JERICHO TURNPIKE, STE. 110
JERICHO NY 11753**

Mailing Address
**420 JERICHO TURNPIKE, STE. 110
JERICHO NY 11753**

2. Principal Place of Business

459 South Oyster Bay Rd

3. Mailing Address

459 South Oyster Bay Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PLAINVIEW, NY

City & State

PLAINVIEW, NY

Zip

11803

Country

USA

Zip

11803

Country

USA

4. FEI Number **11-3480786**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**EISEN, WILLIAM
7700 BELLA VERDE WAY
DELRAY BEACH FL 33446**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **CASPI, DAVID**
STREET ADDRESS **420 JERICHO TURNPIKE, STE. 110**
CITY-ST-ZIP **JERICHO NY 11753**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **459 South Oyster Bay Rd**
CITY-ST-ZIP **PLAINVIEW NY 11803**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED
Caspi, David

Date

Daytime Phone #

CR2E083 (4/03)