

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 12, 2003 8:00 am**  
**Secretary of State**

02-12-2003 90004 040 \*\*\*\*50.00

**DOCUMENT # M02000001847**

1. Entity Name

**L.W. LIGAND, LLC**



Principal Place of Business

9300 S.W. 99TH STREET  
MIAMI FL 33176

Mailing Address

9300 S.W. 99TH STREET  
MIAMI FL 33176

2. Principal Place of Business

8600 SW 139<sup>th</sup> Terr.

3. Mailing Address

8600 SW 139<sup>th</sup> Terr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33158

Country

Miami Dade

Zip

33158

Country

Miami Dade

4. FEI Number

47-0887047

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

ABBOTT, EDWARD S  
9300 S.W. 99TH STREET  
MIAMI FL 33176

7. Name and Address of New Registered Agent

Name Abbott, Edward S.

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

8600 SW 139<sup>th</sup> Terrace

City

Miami

FL

Zip Code

33158

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

12-27-03

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete  
NAME MGR  
STREET ADDRESS ABBOTT, EDWARD S  
CITY-ST-ZIP 9300 S.W. 99TH STREET  
MIAMI FL 33176

TITLE ☐ Delete  
NAME MGR  
STREET ADDRESS AHLFORS, CHARLES  
CITY-ST-ZIP 9823 S.W. 145TH PLACE  
VASHON WA 98070

TITLE ☐ Delete  
NAME MGR  
STREET ADDRESS JOHNS, BRYAN  
CITY-ST-ZIP 651 CANYON ROAD  
NOVATO CA 94947

TITLE ☐ Delete  
NAME  
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 MGR  
STREET ADDRESS Edward S. Abbott  
CITY-ST-ZIP 8600 SW 139<sup>th</sup> Terrace  
Miami FL 33158

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

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

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

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

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

Date

Daytime Phone #

12-27-03 3052 19-8044

CR2E083 (10/02)