

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0022448

DOCUMENT # M02000003031

1. Entity Name

PINNACLE TAXX ADVISORS LLC



FILED

03 SEP 24 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

1311 MAMARONECK AVE.
SUITE 160
WHITE PLAINS NY 10605

Mailing Address

1311 MAMARONECK AVE.
SUITE 160
WHITE PLAINS NY 10605

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 22-3866364

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BODNER, TIM
1700 66TH ST. NORTH
ST. PETERSBURG FL 33710

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

10. ADDITIONS / CHANGES

TITLE MGR ☐ Delete
NAME POVINELLI, TOM
STREET ADDRESS 1311 MAMARONECK AVE.
CITY-ST-ZIP WHITE PLAINS NY 10605

TITLE ☐ Change ☐ Addition
NAME 700023399877
STREET ADDRESS 09/29/03--01049--024 **50.00
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME PUYEAR, DAVID D
STREET ADDRESS 1311 MAMARONECK AVE.
CITY-ST-ZIP WHITE PLAINS NY 10605

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

TITLE MGR ☐ Delete
NAME HOENINGS, GERALD
STREET ADDRESS 1311 MAMARONECK AVE.
CITY-ST-ZIP WHITE PLAINS NY 10605

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

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

Date

Daytime Phone #

David Puyear, CFO/COO 9/22/03 (914)997-4988

CR2E083 (4/03)