

2001 UNIFORM BUSINESS REPORT (UBR)

0010151 AT

DOCUMENT # M99000001519

1. Entity Name
CIRCULAR LOGIC, L.L.C.

FILED

01 APR 23 PM 5:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
399 NW 7TH AVE.
BOCA RATON FL 33486-3509

Mailing Address
399 NW 7TH AVE.
BOCA RATON FL 33486-3509



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
23-2944370

Applied For
Not Applicable

Zip

Country

Zip

Country

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

LARGE, EDWARD
399 NW 7TH AVE.
BOCA RATON FL 33486

Name

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

City

FL

Zip Code

8. The above named party 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

EDWARD W. LARGE

4/20/01

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
LARGE, EDWARD
399 NW 7TH AVE.
BOCA RATON FL 33486-3509

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
REAMS, JAMES
3765 RIVERSIDE WAY
DELRAY BEACH FL 33445

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE EDWARD W. LARGE

4/20/01

561-297-0106

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

Date

Daytime Phone #

CR2E083 (11/00)