

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 02, 2002 8:00 am
Secretary of State

05-24-2002 91385 040 ***150.00

DOCUMENT # P94000067643

1. Entity Name

HJ Brown Florida Properties, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7685 Lake Worth Rd

Suite, Apt. #, etc.

3. Mailing Address

7685 Lake Worth Rd

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

96257

City & State

Lake Worth FL

City & State

Lake Worth FL

4. FEI Number

08-5052793

Applied For

Not Applicable

Zip

33467

Country

USA

Zip

33467

Country

USA

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name ALFRED BROWN

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

7685 Lake Worth Rd

City

Lake Worth

FL

Zip Code

33467

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.

SIGNATURE

Alfred Brown

6/24/02

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
Harry J. Brown
7685 Lake Worth Rd
Lake Worth FL 33467

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
ALFRED BROWN
7685 LAKE WORTH ROAD
LAKE WORTH FL 33467

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**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:

Alfred Brown

6/24/02

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

Date

Daytime Phone #

CR2E083B (12/01)