2002 UNIFORM BUSINESS REPORT (UBR)

Jan 16, 2002 8:00 am Secretary of State DOCUMENT # L00000002535 1. Entity Name 01-16-2002 90261 045 ***150.00 NENEZIAN AND SEIKALY, L.L.C. Mailing Address Principal Place of Business 8181 NW 154TH STREET .8181 NW 154TH STREET SUITE 120 SUITE 120 MIAMI LAKES FL 33016-5861 MIAMI LAKES FL 33016-5861 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 65-098965SAPPLIED FOR Applied For City & State City & State Not Applicable Zip Country \$5.00 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NENEZIAN. GEORGE JOHN Street Address (P.O. Box Number is Not Acceptable) 8181 NW 154TH STREET SUITE 120 MIAMI LAKES FL 33016-5861 Zip Code City Fl 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. ☐ Change ☐ Addition TITLE TITLE MGRM ☐ Delete NAME NAME NENEZIAN, GEORGE JOHN STREET ADDRESS STREET ADDRESS 8181 NW 154TH STREET SUITE 120 CITY-ST-ZIP CITY-ST-ZIP MIAMI LAKES FL 33016-5861 ☐ Addition Change Delete TITI F MGRM NAME NAME SEIKALY, OSCAR FRED STREET ADDRESS STREET ADDRESS 8181 NW 154TH STREET SUITE 120 CITY-ST-ZIP CITY-ST-7IF MIAMI LAKES FL 33016-5861 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED

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