9000¥
0 ₽

DOCUMENT # LOOOC	0006098						; ,		0000040
1. Entity Name KOSFREUDFIELD ASPEN, L.C.					FILE	ED			\$
				n	I MAR 15 1	-	•		
Principal Place of Business Mailing Address 100 S.E. 2ND STREET. 28TH FLOOR 100 S.E. 2ND STREET. 28TH MIAMI FL 33131 MIAMI FL 33131		28TH FLOO	R	SE TA	ECRETARY (LLAHASSEE	DESTATE FLORIDA		18:81 1 9 11 1 83 1	
2. Principal Place of Business	3. Mailing Address			_					
Suite, Apt. #, etc. City & State City & State				DO NOT WRITE IN THIS SPACE					,
				•					
		1 2	· · · · · · · · · · · · · · · · · · ·	4. FEI Number	-10114	10 "	N	ot Applicable	<u> </u>
Zip Country	Zip	Count	try	5. Certificate	of Status Desired		5.00 Add e Require		
6. Name and Address of Current	Registered Agent		Name	7. Name and	Address of New	Registered Age	ent		7
KTG&S REGISTERED AGENT CORPORATION				(P.O. Box Numbe	r is Not Acceptabl	le)			ļ .
100 S.E. 2ND STREET, 28TH FLOOR			<u></u>			·	•	···	4
MIAMI FL 33131									
		1	City				Zin Cod	e	1
			City			FL	Zìp Cod	e 	
8. The above named entity submits this statement for	or the purpose of changing i	ts registere	· · · · · · · · · · · · · · · · · · ·	ered agent, or both	n, in the State of F		Zip Cod	θ	-
8. The above named entity submits this statement for SIGNATURE Signature, typed or printed name of registered agent.			d office or regist		n, in the State of F		Zip Cod	e	
SIGNATURE	and title if applicable. (NC	OTE: Registered	d office or regist	ed when reinstating)	n, in the State of F	lorida.	Zip Cod	e	
SIGNATURE	and title if applicable. (NC	DTE: Registered	d office or regist Agent signature requir	ed when reinstating)	n, in the State of F	lorida.	Zip Cod	e	
SIGNATURE	and title if applicable. (NC	DTE: Registered	d office or regist Agent signature requir	ed when reinstating)		lorida.	Zip Cod	e	
SIGNATURE Signature, typed or printed name of registered agent MANAGING MEMB	and title if applicable. (NC	NOW-III F ayable to 10.	d office or regist Agent signature requir EEIS \$50:00	ed when reinstating)		DATE OCHANGES	Zip Cod	e :	1/00)
SIGNATURE Signature, typed or printed name of registered agent MANAGING MEMB TITLE NAME STREET ADDRESS 3 768 Stewart	and title if applicable (NC) Make Check if ERS/MEMBERS Delete	NOW!!! Fragistered NOW!!! Fragistered 10. TITLE NAME STREE	d office or regist Agent signature requir EE/SS\$50:00 Department	ed when reinstating)		DATE OCHANGES		:	383 (11/00)
SIGNATURE Signature, typed or printed name of registered agent MANAGING MEMB TOHN Freud 3 768 Steward City-St-Zip Coconut Skobe	Make Checking ERS/MEMBERS Delete A Jenue	NOW!!! Fayable to 10. TITLE NAME STREE CITY-	Agent signature requirement T ADDRESS ST-ZIP	ed when reinstating)		DATE O/CHANGES] Change	Addition	
SIGNATURE Signature, typed or printed name of registered agent MANAGING MEMB TITLE MAME TOWN TOW	Make Check if Make Check if Delete	10. TITLE NAME CITY- TITLE NAME	Agent signature requirement T ADDRESS ST-ZIP	of State		DATE O/CHANGES	Change	Addition	CR2E083 (11/00)
SIGNATURE Signature, typed or printed name of registered agent MANAGING MEMB TITLE NAME TO HOT POUND TO CON HE SKO HE THE NAME Deborah Freud Deborah Freud STREET ADDRESS 3768 STEWART Deborah Freud STREET ADDRESS 3768 STEWART	and title if applicable. (NO Make Checking Make Checking Delete A Jenue Delete A Jenue AJenue	10. TITLE NAME STREE NAME STREE NAME STREE NAME STREE	Agent signature requirement T ADDRESS ST-ZIP	of State	ADDITIONS ODO:	DATE OCHANGES	Change Change	Addition Addition	
SIGNATURE Signature, typed or printed name of registered agent MANAGING MEMB TITLE MAME TOHN Freud STREET ADDRESS SITY-ST-ZIP COCONUT SIROUP COCONUT SIROUP COCONUT SIROUP TITLE MAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCONUT SIROUP COCONUT SIROUP COCONUT SIROUP TITLE MDC MANAGING MEMB MEMB TOHN TOHN STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS TITLE MDC MDC MANAGING MEMB MEMB TOHN T	Make Check if Make Check if Delete	TITLE NAME STREE CITY-	Agent signature requirement T ADDRESS ST-ZIP T ADDRESS ST-ZIP	of State	ADDITIONS ODO:	DATE S/CHANGES 21/01-01 **50.00	Change Change	Addition	
SIGNATURE Signature, typed or printed name of registered agent MANAGING MEMB TITLE NAME STREET ADDRESS CITY-ST-ZIP COCCOUNT SIROUS STREET ADDRESS CITY-ST-ZIP COCCOUNT SIROUS CITY	Make Check in Make Check in Make Check in Delete Alence Alence Delete Alence Alence Alence Alence Alence Alence	TITLE NAME STREE CITY-TITLE NAME NAME STREE CITY-TITLE NAME STREE CITY-TITLE NAME	Agent signature requirement T ADDRESS ST-ZIP T ADDRESS ST-ZIP	of State	ADDITIONS ODO:	DATE S/CHANGES 21/01-01 **50.00] Change] Change 4 1 1 4	Addition Addition Addition D20 50.00	
SIGNATURE Signature, typed or printed name of registered agent MANAGING MEMB TOHN Freud TILE NAME TOTAL TOTAL TILE NAME STREET ADDRESS CITY-ST-ZIP TOCOLUT GROVE TOTAL TOTAL	Alence Table Alence Table Alence Table Alence Table Delete Alence Table Alence T	TOWN!!! F Tayable to TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME CITY- TITLE NAME CITY-	Agent signature requirement T ADDRESS ST-ZIP T ADDRESS ST-ZIP	of State	ADDITIONS ODO:	DATE JOHANGES 1/01-01 **50.00	Change Change 1114 ***** Change	☐ Addition ☐ Addition ☐ 20 ★50.00 ☐ Addition	
SIGNATURE Signature, typed or printed name of registered agent MANAGING MEMB TOHN Freud TILE NAME TOTAL TOTAL	Make Check in Make Check in Make Check in Delete Alence Alence Delete Alence Alence Alence Alence Alence Alence	TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY-	Agent signature requirement T ADDRESS ST-ZIP T ADDRESS ST-ZIP	of State	ADDITIONS ODO:	DATE JOHANGES 1/01-01 **50.00] Change] Change 4 1 1 4	Addition Addition Addition D20 50.00	
SIGNATURE Signature, typed or printed name of registered agent MANAGING MEMB TOTH TOTH	Alence Table Alence Table Alence Table Alence Table Delete Alence Table Alence Table Table Alence Table Al	TITLE NAME STREE CITY-	Agent signature requirement TADDRESS ST-ZIP TADDRESS ST-ZIP TADDRESS TADDRESS TADDRESS TADDRESS	of State	ADDITIONS ODO:	DATE JOHANGES 1/01-01 **50.00	Change Change 1114 ***** Change	☐ Addition ☐ Addition ☐ 20 ★50.00 ☐ Addition	
SIGNATURE Signature, typed or printed name of registered agent MANAGING MEMB TOHN Freud TITLE NAME Deborah Freud TITLE NAME STREET ADDRESS CITY-ST-ZIP TOHN	A Jenue A J	TITLE NAME STREE CITY-	Agent signature requirement TADDRESS ST-ZIP TADDRESS ST-ZIP	of State	ADDITIONS ODO:	DATE O/CHANGES C 1701—01 **50.00	Change Change 1114 ***** Change	☐ Addition ☐ Addition ☐ 20 ★50.00 ☐ Addition	
SIGNATURE Signature, typed or printed name of registered agent MANAGING MEMB TITLE MAME STREET ADDRESS STY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS LANE STREET ADDRESS STREET A	AJENUE AJENUE	TITLE NAME STREE CITY-TITLE NAME STREE STREE	Agent signature requirement T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	of State	ADDITIONS ODO:	DATE O/CHANGES C 1701—01 **50.00	Change Change 1114— 未来来 Change	Addition Addition O20 500 Addition Addition	
SIGNATURE Signature, typed or printed name of registered agent MANAGING MEMB TOHN Freud TITLE NAME Deborah Freud TITLE NAME STREET ADDRESS CITY-ST-ZIP TOHN	Alenue Alenue Table Table	TITLE NAME STREE CITY-TITLE NAME STREE STREE	Agent signature requirement T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	of State	ADDITIONS ODO:	DATE S/CHANGES C 21/01-01 **50.00	Change Change Thange Change Change Change	Addition Addition O 20 S 0 00 Addition	
SIGNATURE Signature, typed or printed name of registered agent MANAGING MEMB TITLE VAME STREET ADDRESS STY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE TOP TOP TOP TOP TOP TOP TOP TO	AJENUE AJENUE	TITLE NAME STREE CITY- TITLE NAME	Agent signature requirement TADDRESS ST-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP	of State	ADDITIONS ODO:	DATE S/CHANGES C 21/01-01 **50.00	Change Change 1114— 未来来 Change	Addition Addition O20 500 Addition Addition	

SIGNATURE: John Treud, Manager, OR AUTHORIZED REPRESENTATIVE TOES