ATX1

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L-00000013816

1. Entity Name

Jon Aaron, L.C.

FILED
2003 NOV 10 AM 10:28
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9940 Pinellas Park Road	
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: Boca Raton, FL	City & State
Zip: 33428 Country	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1063732 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Jon J. Aaron

Street Address (P.O. Box Number is Not Acceptable): 9940 Pinellas Park Rd.

City: Boca Raton FL Zip Code: 33428

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 _____ 11/3/03

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	Manager	TITLE	600024568086
NAME	Jon Aaron	NAME	11/10/03--01075--014 **50.00
STREET ADDRESS	9940 Pinellas Park Rd.	STREET ADDRESS	
CITY-ST-ZIP	Boca Raton, FL 33428.	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	**DO NOT WRITE**
NAME		NAME	**IN THIS SPACE**
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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.

SIGNATURE: _____ 11/3/03 479-3252

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

2 of 2

Jon Aaron, LC
9940 Pinellas Park Road
Boca Raton, Florida 33428

October 24, 2003

FILED
2003 NOV 10 AM 10:28
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, Florida 32314

Re: FEI # 65-1063732

To whom this may concern:

Please accept this letter in response to a Certificate of Administrative Dissolution we recently received from your office. It says, that on June 30, 2003, the Florida Department of State notified us of its intent to dissolve our limited liability company for failure to file our 2003 Uniform Business Report.

Unfortunately, I have no record of receiving this notice or the original 2003 UBR from your office. Therefore, I am sending this completed 2003 UBR, provided by our accountant, along with the $50 fee to reinstate the above referenced company. We do not wish to have the limited liability company dissolved.

If you need to contact us for any reason, please feel free to do so at (561) 479-3252. We appreciate your assistance with this matter.

Sincerely,

Jon J. Aaron
President

Enclosure

JA/ms