## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L02000023721

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF

1. Entity Name

1530 FEDERAL, LLC



## FILED Mar 19, 2003 8:00 am Secretary of State 03-19-2003 90043 038 \*\*\*\*50.00

Principal Place of Bu	usiness	Mailing Address										
11380 PROSPERITY FARMS ROAD		11380 PROSPERITY FARMS ROAD										
112		112										
PALM BEACH GARDE	NS FL 33410	PALM BEACH GARDENS F	L 33410				Bar bin <b>da</b> rið (184) b <b>a</b> ri ð	Atil Atili Abil				
2. Principal Place of	Business	3. Mailing Address		·								
8523 WENDY LANE		8523 WENDY LANE				1 188111		0161 <b>00</b> 611 <b>00</b> 111				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
											_	
City & State		City & State				4. FEI Number			<b>⊢</b>	Applied For	4	
WEST PALM I		WEST PALM BEAG			42-1552950				Not Applicable	4		
Zip	Country	Zip	Countr	•		5. Certificat	e of Status Desired		\$5.00 A			
33411	USA	33411 US		·		7. Name and Address of New Registered Age				Fee Required		
6,	Name and Address of Current	Registered Agent		Name		7. Name an	a Address of New	Registere	a Agent		-{	
FAIRCLO	JGH, MICHAEL J.	·	MYLES MI			INNS						
	OSPERITY FARMS ROAD	~, <del></del> ,	Street Address			(P.O. Box Number is Not Acceptable)					7-	
112			⊢								┨	
Palm be	ACH GARDENS FL 33410		8523	8523 WENDY LANE								
			City			FL Zip Code						
9 The above name	d entity submits this statement fo	the nurnose of changing its	registerer	MEST	PALI egistere	M BEACH	oth in the State of F		<u> </u>		+	
the obligations of	registered agent. 2	the purpose of changing its				ou agont, or o		_		i, and accopt		
· OLONIATURE		11/1					۶.	-15-0	3			
SIGNATURE	e, typed or printed name of registered agent	id title if applicable. (NOT	E: Registered	Agent signature	e required	when reinstating)		DATE				
		FILE NO	OWIII F	EE IS \$5	0.00	·					7	
		Make Check Payab				nt of State						
				y 1, 2003								
9.	MANAGING MEMBE	<u> </u>	10.				ADDITION	S/CHANGI		<del>.</del>	-	
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11. I hereby certify t	hat the information supplied with	this filing does not qualify for	the exem	ption state	d in Sec	tion 119.07(3	)(i), Florida Statutes	s. I further c	ertify that the	information	]	
	серон is inde add accurate aло	that my signature shall have	ure same l			ade under oat er 608, Florida		ayıny mem	ner or manaç	lei oi ine	1	