LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000034301

1. Entity Name MH LLC

9. TITLE NAME

TITLE NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE NAME STREET ADDRESS

MILE NAME

CITY-ST-ZIP

CITY-ST-ZP

CITY-ST-ZIP

FILED Apr 15, 2003 8:00 am Secretary of State

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2. Principal Place of But	3. Mailing Address						
8370 W. Flagler St.		_Same as # 2			[
Suite, Apt. #. etc. # 248		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State			4. FEI Number		Applied For
<u> Ulami</u>	, PL	ļ <u></u>	7 -		75-309944.		Not Applicable
. 🖑 33144	Country	Zip	Country		5. Certificate of Status Desired	□ \$5.	.00 Additional Required
			29 23		7. Name and Address of Current Re	gistered Ag	ent
				Name (T	Corporation	Sva	tem
letining state L	MATON 6	イルド が設定		Street Address (F	P.O. Box Number is Not Acceptable)	,	
	NTHISESP	ACE -		1200	South Pinc I	slanci	Road
Carle Carle A			TO A	City Plan	ntation	FL [Zip Code
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.							
and desidented on tablement official.							
SIGNATURE Signature, type	or printed name of registered agent an	d title if applicable.				DATE	
A 15 FEE IS \$50 00							
Make Check Payable to Floride Department of States							
DUE BY MAY (I)							
9.	MANAGING MEMBER		製機	是不是心性的特	er fra fra fra fra fra fra fra fra fra fr	Yes or the	CONTRACTOR OF STREET
TITLE USEN	Haberfeld		mile				
STREET ADDRESS 937	Hacer Acies	- 5t. #248	MAME	T ADDRESS:			
CITY-ST-ZIP M Q	MI FL 3314	u i	Cny	i ze i			
TITLE	-	· · · · · · · · · · · · · · · · · · ·	mie	us de Cesto	To the second second second	16 bar 42	40700031425T4
NAME			NAME				
STREET ADDRESS CITY-ST-ZIP	-		200 100 100	ADDRESS			
WITE STREET			A COLUMN	ST DE STATE OF THE	"好"的"大"的"大","我们们是一个"大"的"大"。		

STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY, ST, 7P

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STREET ADDRESS

OTY ST-ZP

STREET ADDRESS

CITY 61-20

STREET ADDRESS

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.
Hario #aberfeld

IRE: X SCHATURE AND TYPED ON PRINTED HAME OF SIGHING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE SIGNATURE:

2053611622

DO NOT WRITE

IN THIS SPACE