FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE  1. Name and Malling Address of Limited Liability Company  LEVINE, COHN, FEUER & ARTY, L.C.  1150 NW 72 AVE., STE. 475 760  Suite, Apt. #, etc.  2. Principal Place of Business Address  1150 NW 72 AVE., STE. 475 760  MIAMI FL 33126  2. Principal Place of Business Address  1. South Place of Busine	
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1. Name and Maling Address of Limited Liability Company  DOCUMENT # L96000001281  LEVINE, COHN, FEUER & ARTY, L.C. 1150 NW 72 AVE., STE. 475760  MIAMI FL 33126  2. Principal Place of Business Address  AS ABOVE  Suite, Apt. #, etc.  City & State  Country  7. Name and Address of Current Registered Agent  ARTY, DANIEL 1150 NW 72 AVE., STE. 475760  Site Apt. #, etc.  City & State  APT. DANIEL 1150 NW 72 AVE., STE. 475760  Suite, Apt. #, etc.  City  Part Country  To Name and Address of Sections 608.416 and 608.508. Florida Statutes, the above-named limited liability company submits this statement for the purpose of its registered Agent, and accept the obligations.	
LEVINE, COHN, FEUER & ARTY, L.C.  1150 NW 72 AVE., STE. 475 760  MIAMI FL 33126  2. Principal Place of Business Address  ABBOVE  Suite, Apt. #, etc.  City & State  County  7. Name and Address of Current Registered Agent  ARTY, DANIEL  1150 NW 72 AVE., STE. 4  MIAMI FL 33126  3. Date Organized or Qualified  3a. State of Formati  Apr. Apr. #, etc.  City & State  65-0718930  6. Dete of Last Report  7. Name and Address of Current Registered Agent  8. Name and Address of New Registered Agent/Office  Name  ARTY, DANIEL  1150 NW 72 AVE., STE. 475 768  Suite, Apt. #, etc.  City  City  FL  Street Address (P.O. Box Number is Not Acceptable)  9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of its registered agent, or both, in the State of Florida. Such change was suthorized by affirmative vote of a majority of the members. I hereby accept the ages registered agent, and accept the obligations.	
Sulte, Apt. #, etc.  City & State  Country  7. Name and Address of Current Registered Agent  RATY, DANIEL  1150 NW 72 AVE., STE. #75768  MIAMI FL 33126  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of its registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the agestered agent, and accept the obligations.	50
Suite, Apt. #, etc.  City & State  Country  73 (76  Country  7. Name and Address of Current Registered Agent  ARTY, DANIEL  1150 NW 72 AVE., STE. 475 765  MIAMI FL 33126  Street Address (P.O. Box Number is Not Acceptable)  9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of its registered agent, and accept the obligations.	on
City & State    City & State   Country   Zip   Country   Zip   Country   St. Additional fee for State   City & State   Country   St. Additional fee for State   Country   St. Additional fee for State   Country   St. Additional fee for State   City   Street Address of New Registered Agent/Office   Name	Und For
In the Country State of Last Report State of State of Last Report State of State of State of State of State of Last Report State of State of Last Report State of Last Report State of State of Last Report State of Last Report State of State of Last Report State of State of Last Report State of Last Report State of State of Last Report State of State of Last Report State of State of State of Last Report State of State of Last Report State of State of State of State of State of State of State State of Name  ARTY, DANIEL Street Address (P.O. Box Number Is Not Acceptable)  Street Address (P.O. Box Number Is Not Acceptable)  Suite, Apt. #, etc.  City Zip Code  FL  Suite, Apt. #, etc.  Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of its registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the all as registered agent, and accept the obligations.	Applicable
7. Name and Address of Current Registered Agent  8. Name and Address of New Registered Agent/Office  Name  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City  Zip Code  9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named timited liability company submits this statement for the purpose of its registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the all as registered agent, and accept the obligations.	• •
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ARTY, DANIEL 1150 NW 72 AVE., STE. 475 765  MIAMI FL 33126  Street Address (P.O. Box Number Is Not Acceptable)  Suite, Apt. #, etc.  City  Lip Code  PL  9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the agent as registered agent, and accept the obligations.	
SIGNATURE DATE  {Registered Agent Accepting Appointment} (NOTE Registered Agent signature required when reinstating)	
10. Title Managing Members/Managers Business Street Address City, State and Zip Code	
MGRM ARTY, DANIEL 1150 NW 72 AVE., STE. 438 MIAMI FL	
100002452151 -03/10/9801045- ****188.75 *****	 -003 88.75
11. Ido 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 indicated on this annual 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 manifimited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10 attachment with an address.  SIGNATURE:  SIGNATURE  Date  Description 119.07(3) (i), Florida Statutes. I further certify that the life indicated on this annual report is true and accurate and that my signature shall have the exemption stated in Section 119.07(3) (ii), Florida Statutes. I further certify that the life indicated on this annual report is true and accurate and that my signature shall have the exemption stated in Section 119.07(3) (ii), Florida Statutes. I further certify that the life indicated on this annual report is true and accurate and that my signature shall have the exemption stated in Section 119.07(3) (ii), Florida Statutes. I further certify that the life indicated on this annual report is true and accurate and that my signature shall have the exemption stated in Section 119.07(3) (ii), Florida Statutes. I further certify that the life indicated on this annual report is true and accurate and that my signature shall have the exemption stated in Section 119.07(3) (ii), Florida Statutes. I further certify that the life indicated on this annual report is true and accurate and that my signature shall have the exemption stated in Section 119.07(3) (ii), Florida Statutes. I further certify that the life indicated on this annual report is true and accurate and that my signature shall have the exemption stated in Section 119.07(3) (ii), Florida Statutes. I further certify that the life indicated on the same stated in Section 119.07(3) (ii), Florida Statutes. I further certify that the life	ager of the ), or on an