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WILEN D						ALTERNIC M	79:28				
WILEN PRESS, LC					1	SECRETARY OF STATE TALLAHASSEE, FLORIDA					
						TALLAHASSEE.	FLORIDA	i			
Principal Place of Business Mailing Address						•		•			
135 OVAL DE	RIVE	135 OVAL DRIVE			1						
ISLANDIA NY 11722 ISLANDIA NY 11722							•				
					1	O NORANDAS DER SDAN FRANK EDISK DRAKE ET	1151 06 10 66 511 43 1	141 9313 1 1	188 (C) (88)		
Principal Place of Business TH 3. Mailing Address									11001 1101 1001		
3333 SOUTHWEST 15TH STR. S. Mailing Address						4					
Suite, Apt	, #, etc.	Suite, Apt. #, etc.			1	DO NOT WRITE I	N THIS SPACE	٤			
City & Sta	te	City & State			4. FEI I	Number	`- -	Ac	plied For		
DEERFIL	ELD BEACH, FL	,				11-3354581		-	t Applicable		
Zip	Country	Zip	Countr	у	5 Cert	ficate of Status Desired	□ \$5.0	0 Add	itional :		
3344						5. Certificate of Status Desired Fee Required					
	6. Name and Address of Current Re	egistered Agent		Nama	7. Nam	e and Address of New Regis	stered Agent				
William L	· ·			Name					_		
WILEN, R			Γ	Street A	ddress (P.O. Box I	lumber is Not Acceptable)					
	JTHWEST 15TH STREET		-	 -	<u> </u>						
DEEKHIEI	LD BEACH FL 33442				. <u></u>				·		
				City			FL Z	ip Code	•		
8. The above	named entity submits this statement for t	he ournose of changing its	registered	l office o	r registered agent	or both, in the State of Florida					
01 1110 Q B010	Trained Chary SSErms and Statement for	no perpose or changing its	rogioteroc	2 011106 0	r regioteled agent,	or both, at the otate of Florida					
SIGNATURE											
	Signature, typed or printed name of registered agent and	title if applicable. (NOTE	E: Registered /	Agent signat	ure required when reinstal	ing)	DATE				
		Ell E N	0W/III E	FF 19 4	250 00						
FILE NOV					epartment of State						
		mano onomi a	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_ opu.,		,					
9. /	MANAGING MEMBER	RS/MEMBERS	10.			ADDITIONS/CH					
TITLE	MGRM	☐ Delete	TITLE		·	1000038	3535	hInge I	-□ vqqiiii		
NAME	WILEN, RICHARD	_	NAME			-03/15/3	111010	47	1017 I		
STREET ADDRESS CITY-ST-ZIP	135 OVAL DRIVE ISLANDIA NY 11722	·	STREET CITY-S	ADDRESS		****	0.88 *	***	50.00		
	 			11-ZIF							
TITLE Name	MGRM WILEN, DARRIN	☐ Delete	' TITLE NAME				U	hange	Addition		
STREET ADDRESS	135 OVAL DRIVE			ADDRESS							
CITY-ST-ZIP	ISLANDIA NY 11722		CITY-S								
TITLE	MGRM .	Delete	TITLE		MGRM	·	₽ Yc	hange	Addition		
NAME	WILEN, CORY		NAME		WILEN , CO	REY	7	•			
STREET ADDRESS	135 OVAL DRIVE		STREET	ADDRESS	135 OVAL	DRIVE					
CITY-ŠT-ZIP	ISLANDIA NY 11722	······································	CITY-S	T-ZIP	ISLANDIA ,	1722 KN					
TITLE	MGRM	☐ Delete	TITLE				□ c	hange	☐ Addition		
NAME	DIAZ, JOHN	:	NAME								
STREET ADDRESS	135 OVAL DRIVE	!		ADDRESS							
C/TY-ST-ZIP	ISLANDIA NY 11722		CITY-S	1-111							
TITLE	MGRM	☐ Delete	TITLE		MGRM WILEN, KE	and	(23 . c	nange	Addition		
name Street address	WILEN, KEVIN 3333 SOUTHWEST 15TH STREET			ADDRESS	WILLNING	THWEST 15th STRE	ET		<u> </u>		
CITY-ST-ZIP	DEERFIELD BEACH FL		CITY-S	T-ZIP	DEEB EIE I	BEACH FL 33	442		j		
TITLE		Delete	TITLE		DECKTIFE	Wellen, I'M GO		hange	☐ Adc [±]		
NAME		ra pelete	NAME				ں ب	80	٠		
STREET ADDRESS			CTREET	ANNAESS		•					

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 that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of limited liability company or the required or trustee ampowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

CITY-ST-ZIP

arialioger an SIGNATURE: SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2001 UNIFORM BUSINESS REPORT (UBR)

L9700000011

DOCUMENT#