AUG-22-2002 THU 09:56 AM SCHNEIDER & ASSOCIATES FAX NO.

FILED
Sep 03, 2002 8:00 am
Secretary of State
09-03-2002 90114 024 ****50.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000011

1. Entity Name

WILEN PRESS LC

977727

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3333 S.W. 15TH STREET	5 WELLWOOD AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DEERFIELD BEACH, FL	City & State: FARMINGDALE, NY
Zip: 33442 Country: USA	Zip: 11735-1213 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 11-3354581 ☐ 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: RICHARD WILEN

Street Address (P.O. Box Number is Not Acceptable): 3333 S.W. 15TH STREET

City: DEERFIELD BEACH, FL FL Zip Code: 33442

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.

SIGNATURE _____ DATE 8/21/02

Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM NAME RICHARD WILEN STREET ADDRESS 3333 S.W. 15TH STREET CITY-ST-ZIP DEERFIELD BEACH, FL 33442		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE MGRM NAME DARRIN WILEN STREET ADDRESS 5 WELLWOOD AVENUE CITY-ST-ZIP FARMINGDALE, NY 11735		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE MGRM NAME COREY WILEN STREET ADDRESS 5 WELLWOOD AVENUE CITY-ST-ZIP FARMINGDALE, NY 11735		TITLE NAME STREET ADDRESS CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
TITLE MGRM NAME KEVIN WILEN STREET ADDRESS 3333 S.W. 15TH STREET CITY-ST-ZIP DEERFIELD BEACH, FL 33442		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E083B (12/01)

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: _____ 8/22/02 631-439-5000

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

STT L32617F-1