Suite, Apt. #, etc.    Suite, Apt. #, etc.   DO NOT WRITE IN THIS SPACE	2001 UNIFORM BUSINESS REPORT (UBR)  DOCUMENT # L9700000496  1. Entity Name ERIN BAY ASSOCIATES, LLC				Apr 23, 2001 08:00 AM Secretary of State
2. Principal Race of Business 3. Melling Address   Suite   Analysis   Suite   Analysis   Analysis   Suite   Analysis   An			•		
Suite, Apt. #, etc.   Suite, Apt. #, etc.   DO NOT WRITE IN THIS SPACE  City & State   Oily & State   Country   Zip   Country   6. PER Number   Applied for 65-077-4668   Not Applied   Not Applied   State   State   Not Applied   State   St		I BEACH FL		FL	
City & State    City & State   City & State   City & State   Country   E. Contribute of Status Desired   Section 13 Status Desired   Section 13 Status Desired   Section 13 Status Desired   Section 13 State   Section 13 Sta	2. Principal Place of Business		3. Mailing Address	···	
Second   S	Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
E. Name and Address of Current Registered Agent  E. Name and Address of Current Registered Agent  T. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  T. SAIR9  NORTH MIAMI BEACH  SIGNATURE  SIGNATURE  SIGNATURE  MANAGING MEMBERS / MEMB	City & State		City & State		
S. Name and Address of Current Registered Agent   Name	Zip	Country	Zip	Country	5. Certificate of Status Desired \$5.00 Additional
DEP YEE LESSLEY ANN 90 NW 164TH STREET  NORTH MIAMI BEACH 1. Street Address (P.O. Box Number is Not Acceptable)  S. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida.  SIGNATURE    Type Address   P.O.   P.O.   P.O.		6. Name and Address of Curren	t Registered Agent	Name	
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					Address (P.O. Box Number is Not Acceptable)
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE    Signature   Sig	NORTH ML	AMI BEACH	FL		
SIGNATURE    FILE   NOW!!   FEE IS \$50.00	33169	US		City	FL Zip Code
9. MANAGING MEMBERS   10. ADDITIONS/CHANGES  TITLE   MEM	SIGNATURE _		it and title if applicable. (NO	TE: Registered Agent signatu	ature required when reinstating)  DATE
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NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 lead effect as if made under onth; that I am a managing member or manager of the	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS	
INDICATED DO DIS FERDIT IS THE ARREST ACCURATE AND INSULING TO MAD AND THE SHALL HAVE BEEN A MAD AND AND AND AND AND AND AND AND AND A	NAME STREET ADDRESS	·	☐ Delete	NAME STREET ADDRESS	
SIGNATURE: Lesley Ann Lee Yuen MGR 04/23/2001	limited lia	on this report is true and accurate an billity company or the receiver or trust	d that my signature shall have se empowered to execute this	e tne same legal effe s report as required b	lect as it made under dath; that I am a managing member or manager of the I by Chapter 608, Florida Statutes.