L99000007910

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

03 OCT 17 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0011746

DOCUMENT # L99000007910

1. Entity Name

MAYLEUR, LLC

☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
P.O. BOX 2 ANGUILLA, B.W.I	1591 E ATLANTIC BLVD SUITE 200 POMPANO BEACH FL 33060

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	2641 E. Atlantic Blvd Suite, Apt. #, etc. 308
City & State	City & State Pompano Beach
Zip / Country	Zip / Country FL 33062 / Broward

4. FEI Number **NOT APPLICABLE** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CARLTON MANAGEMENT, INC. 1591 E ATLANTIC BLVD SUITE 200 POMPANO BEACH FL 33060	Name: FENCOM LLC ✓ Street Address (P.O. Box Number is Not Acceptable): 2641 E. Atlantic Blvd. #308 City: Pompano Beach **FL** Zip Code: 33062

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SMITH, SHARON THE VALLEY PO BOX 2 ANGUILLA BRITISH WEST INDIES	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 400023908294 10/17/03--01050--018 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (4/03)

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: SIGNATURE REQUIRED 10/12/03 954-943-1498
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #