FILED
Apr 02, 2002 8:00 am
Secretary of State
04-02-2002 90963 009 ****50.00

LIMITED LIABILITY COMPANY
20020 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002010

1. Entity Name
13620 NW 27 Avenue LLC

DO NOT WRITE IN THIS SPACE

935714

2. Principal Place of Business	3. Mailing Address
13620 NW 27th Ave	4801 South University Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.: Suite 227
City & State: Opa Locka, FL	City & State: Davie, FL
Zip: 33054 Country:	Zip: 33328 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0990155 ☐ 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: Mark Brown

Street Address (P.O. Box Number is Not Acceptable): 4801 South University Dr

Suite 227

City: Davie, FL Zip Code: 33328

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
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: CEO/D	TITLE:
NAME: Mark Brown	NAME:
STREET ADDRESS: 2752 SW 132nd Way	STREET ADDRESS:
CITY-ST-ZIP: Davie, FL 33330	CITY-ST-ZIP:
TITLE: PRES/D	TITLE:
NAME: Kevin McKenna	NAME:
STREET ADDRESS: 1061 E. Wilshire Circle	STREET ADDRESS:
CITY-ST-ZIP: Pembroke Pines, Fl 33027	CITY-ST-ZIP:
TITLE:	TITLE:
NAME:	NAME:
STREET ADDRESS:	STREET ADDRESS:
CITY-ST-ZIP:	CITY-ST-ZIP:
TITLE:	TITLE:
NAME:	NAME:
STREET ADDRESS:	STREET ADDRESS:
CITY-ST-ZIP:	CITY-ST-ZIP:
TITLE:	TITLE:
NAME:	NAME:
STREET ADDRESS:	STREET ADDRESS:
CITY-ST-ZIP:	CITY-ST-ZIP:
TITLE:	TITLE:
NAME:	NAME:
STREET ADDRESS:	STREET ADDRESS:
CITY-ST-ZIP:	CITY-ST-ZIP:

DO NOT WRITE IN THIS SPACE

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: Mark W. Brown 3/6/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date

Mark Brown (954)252-5551
Daytime Phone #