

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90209 041 ****50.00

DOCUMENT # L 00000007230

1. Entity Name

2241 NORTH, LLC.

DO NOT WRITE IN THIS SPACE

961059

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

PO. Box 840638

Suite, Apt. #, etc.

3. Mailing Address

PO Box 840638

Suite, Apt. #, etc.

City & State
Pembroke Pines, FL

City & State
Pembroke Pines, FL

4. FEI Number

65-1017631

Applied For

Not Applicable

Zip
33084

Country
USA

Zip
33084

Country
USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MICHAEL A. SMETS

Street Address (P.O. Box Number is Not Acceptable)

3506 TORREMOLINOS AVENUE

City
MIAMI

FL

Zip Code
33178

**DO NOT WRITE
IN THIS SPACE**

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

Michael August Smets, M.D.

Internal Medicine

President

DATE

4/28/02

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Smets, Michael
3506 TORREMOLINOS AVENUE
MIAMI, FL 33178

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice-president
Gonzalez-Reña, Manuel
6101 SW 183 WAY
FT. LAUDERDALE, FL 33331

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

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

**DO NOT WRITE
IN THIS SPACE**

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:

Michael August Smets, M.D.

Internal Medicine

President

4/28/02

954-983-1969

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #