## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L02000023295

1. Entity Name

POWER PURSUIT, LLC



## **FILED** Mar 07, 2003 8:00 am Secretary of State

03-07-2003 90016 014 \*\*\*\*50.00

			No. of the last	<b>/</b> `		
Principal Pla	ace of Business	Mailing Address		<del></del>		
1500 SAN REMO AVENUE. SUITE 177 CORAL GABLES FL 33146		1500 SAN REMO AVENUE. SUITE 177 CORAL GABLES FL 33146				
2 Principal	Place of Business					
z. Fincipai	riace of Business	3. Mailing Address				
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.		_	IF MAKING CHANGE	
City & Sta	ate	City & State		4. FEI Number Val 2	675	Applied For
Zip	Country	Zíp	Country	5. Certificate of Status Desired	□ \$5.00 A	Not Applicable ditional
<del></del>	6. Name and Address of Curren	t Registered Agent	<u> </u>		Fee Requi	red
BAC			Name	7. Name and Address of New F	legistered Agent	
	red, pablo r 10 san remo avenue, suite 177	7	Street Addres	ss (P.O. Box Number is Not Acceptable		
	RAL GABLES FL 33146	•	- Silver Addres	ss (r.o. box number is not acceptable	e) 	
			City		<b>⊯</b> Zip Co	de
8. The above	e named entity submits this statement fo	or the purpose of changing its	s registered office or regis	stered agent, or both, in the State of Flo		
the objiga	ations of registered agent.	- •	- J	agoing or both, in the diale of the	inoa, Tamramiliai Wili	, апо ассерт
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable				
<del></del>	and the district of the second	<del></del>	E: Registered Agent signature requi		DATE	
			OW!!! FEE IS \$50.00 le to Florida Departm			
			e By May 1, 2003	nent of State		
9.	MANAGING MEMBE		10		_	
	MANAGING MEMBE	RS/MANAGERS	10.	ADDITIONS/	<del></del>	
TITLE NAME	MGR AUW-YANG, FINLYN	RS/MANAGERS  Delete	TITLE NAME	ADDITIONS/	CHANGES Change	Addition
TITLE VAME STREET ADDRESS	MGR AUW-YANG, FINLYN 1500 SAN REMO AVENUE, SUIT	RS/MANAGERS  Delete	TITLE	ADDITIONS/	<del></del>	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AUW-YANG, FINLYN 1500 SAN REMO AVENUE, SUIT CORAL GABLES FL 33146	RS/MANAGERS  Delete	TITLE NAME	ADDITIONS/	<del></del>	☐ Addition
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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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes,

SIGNATURE:

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