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

DOCUMENT # L02000034343

1. Entity Name

SIGNATURE:

SIGNATURE AND TYPED OR THITE

BEEMER & ASSOCIATES XX



FILED Mar 19, 2003 8:00 am Secretary of State 03-19-2003 90047 018 ****50.00

	1111	2.1.0.	V				
					Linearity		
	DO NOT WRITI	IN THIS	SPAC	Æ			
2. Principal Place of Business		3. Mailing Address	3. Mailing Address				
13947 Beach Blvd.		13947 Bea	ch Blv	đ.			
Suite, Apt. #, etc. Suite 210		Suite, Apt. #, etc. Suite 210		DO NOT WR	ITE IN THIS SPAC	Œ	
City & State		City & State		<u> </u>			
Jacksonville, FL		Jacksonville, FL		4. FEI Number 14-186342	マ	Applied For	
Zip Country		Zip Country		_		Not Applicable OO Additional	
32224 Duval		32224	Dur	va1	5. Certificate of Status Desired	Fee	Required
				Name	7. Name and Address of Current	Registered Age	ent
	DO NOT W	RITE		Mike	Ahheurian		
			Street-Address (F		P.O. Box Number is Not Acceptable	e) -	
	IN THIS SE	ACE		1.394/	7-210 Beach Blvd.		
				0.34		" , -	
					sonville		Zip Code 32224
The above the obligati	named entity submits this statement to ions of registered agent.	r the purpose of changing	its registere	ed office or registere	ed agent, or both, in the State of Fk	orida. I am familia	r with, and accept
3	and an agreement again.			•			
SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable					
	ogulated agent	are the rappicable	FFF 16			DATE	
		Make Check Pay	FEE IS				
			DUE BY		R of State		
9.	MANAGING MEMBE	RS/MANAGERS					
TITLE	Managing partner		nne				<u> </u>
NAME	Mike Ashourian		NAME				
STREET ADDRESS CITY-ST-ZIP	13947-210 Beach Blv		型形態影相響	T ADDRESS			
TILE	Jacksonville, FL 32	224	Sign of the same o	ST-ZIP			
IAME			TITLE NAME				
TREET ADDRESS				T ADDRESS			
ITY-ST-ZIP			CITY-	ST-ZIP			
ITLE			TITLE				
TREET ADDRESS			NAME				
IY-ST-ZIP		_	会型和控制的	T ADDRESS ST-ZIP	DO NOT	NRITE	
TLE			TITLE	7/21(==		en e	
AME			NAME		IN THIS S	PACE	
TREET ADDRESS			STREET	FADDRESS			
TY-ST-ZIP			CITY-S	ST-ZIP			
TLE AME			TITLE				
TREET ADDRESS			NAME	ADDOCTO			
TY-ST-ZIP			CITY-S	ADDRESS T-ZIP			
TLE			TITLE				
ME			NAME	angenera in de la servició de la company			
TY-ST-ZIP	··		CITY-ST				
 I hereby cer indicated or limited liabil. 	rtify that the information supplied with hithis report is true and accurate and t ity company or the receiver or trustes	filing does not qualify to that try signature shall have the provered to execute the	or the exemp of the same/k	ption stated in Section egal effect as if mad equired by Chapter	on 119.07(3)(i), Florida Statutes. I f de under oath; that I am a managir 608, Florida Statutes.	urther certify that ng member or ma	the information inager of the

R, OR AUTHORIZED REPRESENTATIVE

Date