2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 24, 2000 8:00 am Secretary of State **DOCUMENT # J27184** 1. Entity Name LLW CORP. 01-24-2000 90272 006 ***150.00 Mailing Address Principal Place of Business 1 SE 3RD AVE 1 SE 3 AVE 1280 MIAMI FL 33131-1714 MIAMI FL 33131 US ٠, ، 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2712782 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent AUERBACH, HAROLD Street Address (P.O. Box Number is Not Acceptable) 1 SE 3RD AVE STE 1280 **MIAMI FL 33131** Zip Code FL 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition Change TITLE Delete TITLE AUERBACH, HAROLD NAME NAME STREET ADDRESS STREET ADDRESS 1 SE 3RD AVE, #1280 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 Change ☐ Addition TITLE ☐ Delete TITLE WOLFSON, LYNN NAME STREET ADDRESS STREET ADDRESS 1 SE 3RD AVE, #1280 CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33131 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME WOLFSON, LOUIS, III NAME STREET ADDRESS STREET ADDRESS 1 SE 3RD AVE, #1280 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 ☐ Change Addition ☐ Delete TITLE TITLE CAPRARO, FRANZ NAME NAME STREET ADDRESS STREET ADDRESS 1 SE 3RD AVE, #1280 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33131** ☐ Change ■ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

Harold Auerbach

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-377-8714