

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

L00000000471  
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 JUL 17 AM 9:16

DOCUMENT # L00000000471

1. Entity Name

South Florida Enterprises LLC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1060 NE 79 St  
Suite, Apt. #, etc.

3. Mailing Address

5100 SW 104 Ave  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, Fla.

City & State

Cooper City, FL

4. FEI Number

59-3618955

Applied For

Not Applicable

Zip

33138

Country

USA

Zip

33328

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name Melina Powell

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

5100 SW 104 Ave

City Cooper City

FL

Zip Code 33328

**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 Melina Powell Melina Powell, Member 4-2603  
Signature, typed or printed name of registered agent and title if applicable DATE

FEE IS \$50.00

Make Check Payable to Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE member MGRM  
NAME DeLorcs, LLC  
STREET ADDRESS 11431 81st Court North  
CITY-ST-ZIP WPA, FL 33412

TITLE member MGRM  
NAME Cucamonga, LLC  
STREET ADDRESS 7900 SW 57 Ave P.House  
CITY-ST-ZIP Miami, FL 33143

TITLE member MGRM  
NAME Powell, LLC  
STREET ADDRESS 5100 SW 104 Ave  
CITY-ST-ZIP Cooper City, FL 33328

TITLE member MGRM  
NAME Roadrider, LLC  
STREET ADDRESS 1832 N. Dixie Hwy.  
CITY-ST-ZIP Lake Worth, FL 33460

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**DO NOT WRITE  
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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: Melina Powell, Melina Powell / member 4-2603  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/01)