FILED
Aug 05, 2003 8:00 am
Secretary of State
04-28-2003 91000 006 ***150.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000001908

1. Entity Name

505 LLC

55053358

[redacted]

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address	4. FEI Number	Applied For
505 S. 21st. Ave Suite, Apt. #, etc.	505 S. 21st. Ave. Suite, Apt. #, etc.	65-099-1892	Not Applicable
City & State: Hollywood, FL Zip: 33020 Country: USA	City & State: Hollywood, FL Zip: 33020 Country: USA	5. Certificate of Status Desired ☐	$5.00 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Fabrizio Santoro

Street Address (P.O. Box Number is Not Acceptable): 505 South 21 Avenue

City: Hollywood FL Zip Code: 33020

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1st

9. MANAGING MEMBERS / MANAGERS

TITLE	Manager
NAME	Fabrizio Santoro
STREET ADDRESS	505 S. 21st. Ave.
CITY-ST-ZIP	Hollywood, FL 33020
TITLE	Manager
NAME	Antonio Zazzarino
STREET ADDRESS	505 S. 21st Ave.
CITY-ST-ZIP	Hollywood, FL 33020
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	

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CR2E083B (12/02)

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #