

FILED

Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90958 012 ****50.00

2002 **LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L00000001990

1. Entity Name

6800 SW 57th Avenue LLC

DO NOT WRITE IN THIS SPACE2. Principal Place of Business
6800 SW 57th Ave

Suite, Apt. #, etc.

3. Mailing Address
4801 South University DrSuite, Apt. #, etc.
Suite 227

DO NOT WRITE IN THIS SPACE

City & State
Miami, FLCity & State
Davie, FL4. FEI Number
65-0990183Applied For
Not ApplicableZip
33143

Country

Zip
33328

Country

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Mark BrownStreet Address (P.O. Box Number is Not Acceptable)
4801 South University Dr

Suite 227

City
Davie, FL Zip Code
33328

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

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 NAME STREET ADDRESS CITY - ST - ZIP	CEO/D Mark Brown 2752 SW 132nd Way Davie, FL 33330	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES/D Kevin McKenna 1061 E. Wilshire Circle Pembroke Pines, FL 33027	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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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:

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

Mark Brown

3/6/02

(954) 252-5551

Daytime Phone #

CR2E033B (12/01)