

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90963 004 ****50.00

LIMITED LIABILITY COMPANY
2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002009
1. Entity Name
1795 NW 79th Street LLC

DO NOT WRITE IN THIS SPACE

935719

| | | | |
|---|----------------|---|----------------|
| 2. Principal Place of Business 1795 NW 79th St Suite, Apt. #, etc. | | 3. Mailing Address 4801 South University Dr Suite, Apt. #, etc. Suite 227 | |
| City & State Miami, FL | | City & State Davie, FL | |
| Zip 33147 | Country | Zip 33328 | Country |

DO NOT WRITE IN THIS SPACE

| | |
|------------------------------------|--------------------------------------|
| 4. FEI Number 65-0990201 | Applied For Not Applicable |
|------------------------------------|--------------------------------------|

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

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7. Name and Address of Current Registered Agent

| | |
|--|------------------------------------|
| Name Mark Brown | |
| Street 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 | GEO/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 | |
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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: Mark Brown **Mark Brown** **3/6/02** **(954) 252-5551**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #