

FILED
May 16, 2003 8:00 am
Secretary of State

05-16-2003 90066 013 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L00000002009

1. Entity Name
1795 NW 79TH STREET, LLC



10104988

Principal Place of Business
1795 NW 79TH ST
MIAMI, FL 33147

Mailing Address
4801 SOUTH UNIVERSITY DR
SUITE 227
DAVIE, FL 33328 US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country



☐ CHECK HERE IF MAKING CHANGES

5. Name and Address of Current Registered Agent
BROWN, MARK
4801 SOUTH UNIVERSITY DR
SUITE 227
DAVIE, FL 33328

4. FEI Number
65-0990201

Applied For
☐ Not Applicable

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

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____
Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when terminating)

FILE NOW!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 17, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	CEO	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BROWN, MARK		NAME		
STREET ADDRESS	2762 SW 132ND WAY		STREET ADDRESS		
CITY-ST-ZIP	DAVIE, FL 33330		CITY-ST-ZIP		
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MCKENNA, KEVIN		NAME		
STREET ADDRESS	1061 E WILSHIRE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL 33027		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 person authorized to execute this report as required by Chapter 506, Florida Statutes.

SIGNATURE: Mark Brown

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

Class

Daytime Phone #

13-12-03

954-252-5551

CR2E083 (10/02)