

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

04-02-2002 90963 009 \*\*\*\*50.00

**LIMITED LIABILITY COMPANY**  
**200201 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** L000000002010

**1. Entity Name**

13620 NW 27th Avenue LLC

**DO NOT WRITE IN THIS SPACE**

935714

**2. Principal Place of Business**  
13620 NW 27th Ave

**3. Mailing Address**  
4801 South University Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
Suite 227

DO NOT WRITE IN THIS SPACE

**City & State**  
Opa Locka, FL

**City & State**  
Davie, FL

**4. FEI Number**  
65-0990155

**Applied For**  
Not Applicable

**Zip**  
33054

**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 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**

**FEES \$50.00**

**Make Check Payable to Department of State**

**DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE**  
CEO/D  
**NAME**  
Mark Brown  
**STREET ADDRESS**  
2752 SW 132nd Way  
**CITY - ST - ZIP**  
Davie, FL 33330

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE**  
PRES/D  
**NAME**  
Kevin McKenna  
**STREET ADDRESS**  
1061 E. Wilshire Circle  
**CITY - ST - ZIP**  
Pembroke Pines, FL 33027

**TITLE**  
**NAME**  
**STREET ADDRESS**  
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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

Date

(954) 252-5551

Daytime Phone #

CR2E083B (12/01)