

2001 UNIFORM BUSINESS REPORT (UBR)

001616 AF

DOCUMENT # L00000003011

1. Entity Name
TTAA REAL ESTATE, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR -5 PM 3:12

Principal Place of Business
100 NORTHEAST THIRD AVE., SUITE 1100
FT. LAUDERDALE FL 33301

Mailing Address
100 NORTHEAST THIRD AVE., SUITE 1100
FT. LAUDERDALE FL 33301



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
c/o Scott A. Aadal
Suite, Apt. #, etc.
5701 Hollywood Boulevard
City & State
Suite A, Hollywood, FL
Zip
33021
Country
USA

3. Mailing Address
c/o Scott A. Aadal
Suite, Apt. #, etc.
5701 Hollywood Boulevard
City & State
Suite A, Hollywood, FL
Zip
33021
Country
USA

4. FEI Number
Applied For
☒ Not Applicable

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

6. Name and Address of Current Registered Agent

EMO CORPORATE SERVICES
100 NE THIRD AVE., SUITE 1100
FT. LAUDERDALE FL 33301

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

200003888652--7
-03/20/01--01087--003
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager / Member Scott A. Aadal 5701 Hollywood Boulevard, Suite A Hollywood, FL 33021 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Scott A. Aadal, Manager / Member
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)