04/23/2002 15:38 18564867965 SCW

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May 03, 2002 8:00 am
Secretary of State

05-03-2002 90022 028 ****55.00

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000003218

1. Entity Name
2402 Ocean, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
17891 Foxborough Lane	17891 Foxborough Lane
Suite, Apt. #, etc. N/A	Suite, Apt. #, etc. ~~N/A~~ P.O. Box 39
City & State Boca Raton FL	City & State Boca Raton FL
Zip 33496 Country USA	Zip ~~33496~~ 33429 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0998199 ☐ Applied For ☐ Not Applicable

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: Alyse Schoenfeldt

Street Address (P.O. Box Number is Not Acceptable): 17891 Foxborough Lane

City: Boca Raton FL Zip Code: ~~33496~~

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.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1st

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Alyse Schoenfeldt 17891 Foxborough Lane Boca Raton FL 33496	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E083B (12/01)

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: Alyse Schoenfeldt Trustee 4/23/02 561-391-7717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #