DOCUMENT # L00000003789

1. Entity Name 99CENT STUFF-NORTH MIAMI, LLC





SECRETARY OF STATE TALLAHASSEE, FLORIDA

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crincipal riac	e of business	Mailing Address				IMP					
1801 CLINT I Suite 217 : & Boca Raton		1801 CLINT MOORE ROAD Suite 217 えつら Boca Raton, Fl 33487			FB10						
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10192004	10192004 REIN-LLC CR2E101 (6/04)						
City & State		City & State		4. FEI Number	22332	260	<u> </u>	oplied For ot Applicable			
Zip	Country	Zip	Country		5. Certificate	of Status Desired		5.00 Add ee Require			
	6. Name and Address of Current I	egistered Agent			7. Name and	Address of New I	Registered Ag	gent			
			Name		•		•				
	POWERS, P.A. DES ROAD)		Street	Street Address (P.O. Box Number is Not Acceptable)							
BOCA RAT	ΓON, FL 33434		City					7:n Cod	•		
			City				FL	Zip Cod	е		
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 .	Signature, typed or printed name of registered agent a	and title if applicable (NOTE:	Registered Agent sig		end urban majoritations	i	DATE				
	Signature, typed or printed frame or registered agent a	Ind the happingois. (ACTE.	Registered Agent and	marora radzar	ed when rempusing)		DATE				
	NOW!!! FEE IS \$150.00						ke check pa a Departme		•		
After Janu	ary 1, 2005, Fee will be \$200.00					Tione	a bepartine	iii Oi Stati	Ę.		
After Janu 9.	MANAGING MEMBE	RS/MANAGERS	10,				<u> </u>				
9.	MANAGING MEMBEI		+				/CHANGES				
9. TITLE	MANAGING MEMBEI	RS/MANAGERS	TITLE	<u> </u>			/CHANGES	☐ Change	Addition		
9. TITLE NAME	MANAGING MEMBEI CHADROGO トCをO ZIMMERMAN, RAYMOND	☐ Delete	TITLE NAME				/CHANGES				
9. TITLE NAME STREET ADDRESS	MANAGING MEMBE CHADROGO サ CをO ZIMMERMAN, RAYMOND 1801 CLINT MOORE ROAD, SUI	☐ Delete	TITLE NAME STREET ADDRESS				/CHANGES				
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE CHADROGO 十 CをO ZIMMERMAN, RAYMOND 1801 CLINT MOORE ROAD, SUI BOCA RATON, FL 33487	□ Delete TE -217 a.c.5	TITLE NAME STREET ADDRESS CITY - ST - ZIP				/CHANGES	☐ Change	☐ Addition		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBEI CHECROSO + CEO ZIMMERMAN, RAYMOND 1801 CLINT MOORE ROAD, SUI BOCA RATON, FL 33487 CFO	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE			ADDITIONS	/CHANGES	☐ Change	Addition		
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9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBEI CHADROGO サーセン ZIMMERMAN, RAYMOND 1801 CLINT MOORE ROAD, SUI BOCA RATON, FL 33487 CFO BILMES, BARRY 1801 CLINT MOORE ROAD, 575	□ Delete TE 217 2€5 □ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		50 10/26	ADDITIONS	/CHANGES	☐ Change	Addition		
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9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBEI CHADROGO サーセン ZIMMERMAN, RAYMOND 1801 CLINT MOORE ROAD, SUI BOCA RATON, FL 33487 CFO BILMES, BARRY 1801 CLINT MOORE ROAD, 575	□ Delete TE 217 3€5 □ Delete E . 3 ○5	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		50 10/26	ADDITIONS	7CHANGES 1876 1-001	☐ Change	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 trastee 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 DAIG

Daytime Phone #