

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90278 036 *****50.00

DOCUMENT # L00000004407

1. Entity Name

OLYMPIA-SUNFLAIR, L.L.C.

Principal Place of Business

**777 NW 72ND AVENUE. #3AA44
 MIAMI FL 33126**

Mailing Address

**C/O ARGY. WILTSE & ROBINSON
 8300 GREENSBORO DR.. #1060
 MCLEAN VA 22102**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

47-0798375

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**MGRM
 FRIEMANN, JUTTA
 OTTOSTR.2
 95448 BAYREUTH, GERMANY**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**MGRM
 RIEDL, ADAOLPH
 OTTOSTR.2
 95448 BAYREUTH, GERMANY**

☐ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

**MGRM
 SOMMERER, MARIANNE
 OTTOSTR.2
 95448 BAYREUTH, GERMANY**

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TITLE
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 CITY-ST-ZIP

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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

Date

Daytime Phone #

CR2E083 (9/01)

0044672

906565



DO NOT WRITE IN THIS SPACE