

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2003 8:00 am
Secretary of State

0055043

DOCUMENT # L00000004941

1. Entity Name
ENTRY LABEL, LLC



05-09-2003 90055 026 ****50.00

Principal Place of Business

PO BOX 310993
MIAMI FL 33231

Mailing Address

PO BOX 310993
MIAMI FL 33231

2. Principal Place of Business

PO BOX 310993

3. Mailing Address

PO BOX 310993

Suite, Apt. #, etc.

MIAMI FL 33231

Suite, Apt. #, etc.

MIAMI FL 33231

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1034663**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOLKOV, BENJAMIN
6422 COLLINS AVE., APT. #603
MIAMI BEACH FL 33141

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME	MGRM WOLKO, BENJAMIN	<input type="checkbox"/> Delete
STREET ADDRESS	6422 COLLINS AVE., APT. #603	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE NAME	MGRM POTTERVILD, JESSE	<input type="checkbox"/> Delete
STREET ADDRESS	2357 LECONTE AVENUE	
CITY-ST-ZIP	BERKELEY CA 94709	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE NAME	MGRM BENJAMIN WOLKOV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	650 W 8TH AVENUE, APT 1606	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE NAME	MGRM JESSE POTTER-VELO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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

05/07/03

Date

786-385-433

Daytime Phone #

CR2E083 (10/02)