FILED

01 MAY 17 AM 9: 36

SECRETARY OF STATE TALLAHASSEE. FLORIDA

4. FEI Number

5. Certificate of Status Desired

DO NOT WRITE IN THIS SPACE

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Applied For

\$5.00 Additional

Not Applicable

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| 6. Name a | nd Address of Current F | Registered Agent | | | 7. Name s | and Address of New | w Registered / | Agent | | | | |
| GRANET, LLOYD ESQ LLOYS GRANET, P.A. | | | Name | Name | | | | | | | | |
| | | | Stree | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | | |
| 1900 NW CORPORATE BLVD SUITE 100 WEST BLVD | | | | | | | | | | | | |
| BOCA RATON FL 33431 | | | City | | | | FL | Zip Code | 9 | | | |
| 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 | | | | | | | | | | | | |
| zignature, typed or t | minted dame or registered agent ar | no title if applicable. (NOTE: I | Registered Agent sig | nature required who | en reinstating | 9000 0 | 442D | 969- | -9 | | | |
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| 9. | MANAGING MEMBE | RS/MEMBERS | 10. | | | ADDITION | VS/CHANGES | | | | | |
| TITLE MGRM | | ☐ Delete | TITLE | | | | | Change | Addition | | | |
| NAME Robert | M. Geiserman | | NAME | j ' | | | | | | | | |
| STREET ADDRESS 1645 S. | E. 3rd Court, | Ste. 200 | STREET ADDRES | s | | | | | | | | |
| | eld Beach, FL | | CITY-ST-ZIP | ſ | | | | | | | | |
| TITLE MGRM | | ☐ Delete | TITLE | | | | | Change | Addition | | | |
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| CITY-ST-ZIP | • | • | CITY-ST-ZIP | 1 | | | | | | | | |
| 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 truestee employment to execute this report as required by Chapter 608, Florida Statutes. | | | | | | | | | | | | |
| minico modiny company of the receiver of passes emporated to execute this report as required by Chapter 600, Figrical Statisties. | | | | | | | | | | | | |
| Lie / Lie at the second way of | | | | | | | | | | | | |
| SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Date Designer Phone • | | | | | | | | | | | | |
| SIGNATURE AND | SE VITTIMITED IMME UP | WENDER, MANAG | , v., AU I NUNE | DEFRESENIA | | Jaio . | Da | yunteriore # | ì | | | |

Country

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

Principal Place of Business

C/O ROBERT M. GEISERMAN

DEERFIELD BEACH FL 33441

2. Principal Place of Business

Country

Suite, Apt. #, etc.

City & State

Zip

1645 SE 3RD COURT SUITE 200

1. Entity Name
MJB COMMERCIAL L.L.C.

L00000005186

Mailing Address

3. Mailing Address

City & State

Suite, Apt. #, etc.

C/O ROBERT M. GEISERMAN

DEERFIELD SEACH FL 33441

1645 SE 3RD COURT SUITE 200