

** Amended **
**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

4/5/30
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY 16 PM 3:15

DOCUMENT # L000000005618 ✓

1. Entity Name

A + F Venture, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4850 W. Prospect Rd.

3. Mailing Address

4850 W. Prospect Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

4. FEI Number

65-1107485

Applied For

Not Applicable

Zip

33309

Country

USA

Zip

33309

Country

USA

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 Joseph C. Wasch

Street Address (P.O. Box Number is Not Acceptable)

4850 W. Prospect Rd.

City Ft. Lauderdale

FL

Zip Code

33309

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

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

4-29-02

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE Member/Manager
NAME Lawrence J. Feldman
STREET ADDRESS 4850 W. Prospect Rd.
CITY - ST - ZIP Ft. Lauderdale, FL 33309

TITLE 200005666252--S
NAME -06/03/02--01099--001
STREET ADDRESS *****50.00 *****50.00
CITY - ST - ZIP

TITLE Member
NAME Albert Aaron
STREET ADDRESS 4850 W. Prospect Rd.
CITY - ST - ZIP Ft. Lauderdale, FL 33309

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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 of 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 #

CR2E083B (12/01)