## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L0000005635

1. Entity Name

KOSWISHFIELD ASPENEL:C

SIGNATURE: \_\_\_\_\_\_



## FILED Mar 19, 2003 8:00 am Secretary of State

03-19-2003 90048 001 \*\*\*100.00

### AURIER STRET ANDRESS  ### AURIER ADD FIRE TO STRET ANDRESS  #### AURIER ADD FIRE TO STRET ANDRESS  #### AURIER ADD FIRE TO STRET ANDRESS  ##### AURIER ADD FIRE TO STRET ANDRESS  ##################################	KOSWISHI	TIELU ASPEN, E.C.									
2. Principal Placo of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  Zip  Country  Zip  Country  Zip  Country  To A Period Registered Agent  To A Barne and Address of Current Registered Agent  To A Barne and Address of Now Registered Agent  Name  To State Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  The above names ently submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am formities with, and the obligations of registered agent.  Signara, hasd a printid case of registered agent and point a floridate agent.  Signara, hasd a printid case of registered agent agent.  MANAGING MEMBERS/MANAGERS  TITLE  MEMBERS/MANAGING MEMBERS/MANAGERS  TITLE  MEMERS/MANAGING MEMBERS/MANAGERS  TITLE  MEMBERS/MANAGING MEMBERS/MA	Principal Place of Business Mailing Addres			_			-				
Suite, Apt. #, etc.    City & State   City & State   Country   Sta											
Suite, Apt. #, etc.   Suite, Apt. #, etc.   City & State   Country   S. Cordificate of Status Desired   So. On Address of Name and Address of Current Registered Agent   7. Name and Address of Name Registered Agent   Name						<u></u>					
City & State    City & State   City & State   Country   Zip   Country   S. Certificate of Status Desired   \$5.00 Addition   \$	2. Principal P	lace of Business		3. Mailing Address				812 801 80111 8 <b>0</b> 111 80111 80111 80111 8		. <b>C</b> arr <b>a B</b> ar <b>a d</b>	
Signature   Sign	Suite, Apt.	#, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MA	AKING	CHANGES	
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligatores of registered agent, or both, in the State of Florida. I am familiar with, and the obligatores of registered agent.    Signature, speak or person agent ag	City & State			City & State			4. FEI Nurr	nber <b>65-100843</b> 1			oplied For ot Applicable
Name	Zip	Country		Zip	Coun	itry	5. Certifica	ate of Status Desired			
Name		6. Name and Addres	s of Current Re	gistered Agent			7. Name a	nd Address of New Regist	tered A	gent	
Sircet Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code			·			- Name		<del>نه د</del> څه د خومو ن <u>ه</u>			مسود د در مشاهد
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent.  SIGNATURE    Signature Nyped or printed nerve of registered agent and its if applicable. (NOTE Registered Agent alignature required when reinstating)   Signature Nyped or printed nerve of registered agent and its if applicable. (NOTE Registered Agent alignature required when reinstating)   DATE	100 S.E. 2ND STREET, 28TH FLOOR					Street Address (P.O. Box Number is Not Acceptable)				<u> </u>	
S. 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 the obligations of registered agent.  SIGNATURE    Sophium. Typed or primad name of registered agent and life if applicable.   NOTE: Registered Agent identified when reinstating)   DATE	WIAW	II FL 33131	,							T 77 - 0 - 4	
SIGNATURE    Signature   Signa						City			FL	Zip Coa	е
FILE NOW!!! FEE IS \$50.00			statement for th	e purpose of changing	its register	ed office or register	red agent, or t	ooth, in the State of Florida.	I am fa	miliar with,	and accept
9. MANAGING MEMBERS MANAGERS 10. ADDITIONS (CHANGES  TITLE : KOSNITZKY, MICHAEL 100 SE 2ND ST., 28TH FLOOR MIAMI FL 33131  TILE MORE'S CITY-ST-2IP MAMIFE 33131  TILE MAME STREET ADDRESS CITY-ST-2IP MAMIFE 33131  TILE NAME STREET ADDRESS CITY-ST-2IP TILE O Delete TILE NAME STREET ADDRESS CITY-ST-2IP TILE O Delete NAME STREET ADDRESS CITY-ST-2IP TILE O DELET TILE O DELET TILE O DELET NAME STREET ADDRESS CITY-ST-2IP TILE O DELET TILE O DELET TILE O DELET O DELET TILE O DE	SIGNATURE .	Signature, typed or printed name of	registered agent and	title if applicable. (N	OTE: Registere	d Agent signature required	d when reinstating)		DATE		
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11. 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 limited liability company of the receiver or trustee empowered to execute this report as required to the company of the receiver or trustee empowered to execute this report as required to the company of the receiver or trustee empowered to execute this report as required to the company of the receiver of the receiver of the company of the receiver of the receiver of the company of the receiver of the receiver of the company of the receiver of the receiver of the company of the receiver of the receiver of the company of the receiver				to filling deep and a few		· · · · · · · · · · · · · · · · · · ·	nation 410.031	2V() Elorido Ctotudos 17 de	oor oc-4	fictions short	oformatics