2002 UNIFORM BUSINESS REPORT (UBR)

Apr 01, 2002 8:00 am Secretary of State DOCUMENT # 10000005677 04-01-2002 90607 024 ****50 00 JS & VS MANAGEMENT II, LLC Principal Place of Business Mailing Address 1824 S OCEAN DR 1824 S OCEAN DR FT LAUDERDALE FL 33316 FT LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1008038 Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DIRLAI SIRHAL, JOSEPH E Street Address (P.O. Box Number is Not Acceptable) 1824 S OCEAN DR FT LAUDERDALE FL 33316 Zip Code ようようにも 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 registered agent and title if applical (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGR TITLE Delete TITLE ☐ Change Addition CR2E083 (9/01 NAME SIRHAL, JOSEPH NAME STREET ADDRESS STREET ADDRESS 1824 S OCEAN DR CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE __ ☐ Delete TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

めならりしょうご SIGNATURE: SIGNATURE AND TYPED OF ERINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #