

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90067 044 ****55.00

DOCUMENT # L00000005908

1. Entity Name

AIRFOIL CONTOUR, L.L.C.

Principal Place of Business

**7308 NW 34 STREET
 MIAMI FL 33122**

Mailing Address

**4349 SW PORT WAY
 PALM CITY FL 34990**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1019200

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BRECHBILL, MARK E CPA
 506 S FEDERAL HWY
 SUITE 202
 STUART FL 34994**

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.

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 Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
 NAME **ANSON CAPITAL, LLC**
 STREET ADDRESS **4349 SW PORT WAY**
 CITY-ST-ZIP **PALM CITY FL 34990**

TITLE **MGRM** ☐ Delete
 NAME **GONZALEZ, MARIO R**
 STREET ADDRESS **5590 W 8 COURT**
 CITY-ST-ZIP **HIALEAH FL 33012**

TITLE **MGR** ☐ Delete
 NAME **BICKEL, JAMES B**
 STREET ADDRESS **13078 COASTAL CIRCLE**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **MGR** ☐ Delete
 NAME **BICKEL, MATTHEW M**
 STREET ADDRESS **13096 COASTAL CIRCLE**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **anson capital, llc** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/30/02
 Date

(561) 219-4600
 Daytime Phone #

CR2E083 (9/01)