

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2003 8:00 am
Secretary of State

05-14-2003 90026 003 *****55.00

0042961

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

3. Mailing Address

3591 SW Agassiz Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Palm City, FL

Zip

Country

Zip

Country

34990

USA

4. FEI Number **65-1019200**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS *13043 Coastal Circle*
CITY-ST-ZIP *Palm Beach Gardens, FL 34990*

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

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

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]

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

4/30/03

Date

(772) 219-4600

Daytime Phone #

CR2E083 (10/02)