

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 30, 2003 8:00 am
Secretary of State

06-30-2003 90001 008 ****50.00

DOCUMENT # L00000005979

1. Entity Name
SAVE-IN, L.L.C.



Principal Place of Business
**3743 OAKRIDGE A
FORT LAUDERDALE, FL 33331**

Mailing Address
**C/O ROBERT LUBIN, CPA
3603 QUENTIN RD., FL 2
BROOKLYN, NY 11234-4203**

SAVE IN LLC
5800 N. UNIVERSITY DRIVE
TAMARAC FL 33309

3. Mailing Address
6430 W 24th CT

City & State
HALEAH FL

Zip
33016

Country
USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
58-2561832

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
**DODGE, KENNETH W
5800 NORTH UNIVERSITY DRIVE
TAMARAC, FL 33309**

7. Name and Address of New Registered Agent
Name
JAIRO EMILIANO
Street Address (P.O. Box Number is Not Acceptable)
6430 W 24th CT
City
HALEAH FL Zip Code
33016

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]* DATE **4/19/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$60.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FUEGUEL, NORBERTO 8 TWIN LAKES DRIVE MANALAPAN, NJ 07726 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* DATE **04/19/03**

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

CR2E083 (10/02)