2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000006331

1. Entity Name
EDSA LLC

FILED

01 APR -5 PM 4: 12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1512 E BROWARD BLVD	1512 E BROWARD BLVD
SUITE 110	SUITE 110
FT LAUDERDALE FL 33301	FT LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State	4. FEI Number	✓ Applied For / ☐ Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐	**$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VALDES-FAULI CORPORATE SERVICES, INC. ONE BISCAYNE TOWER SUITE 3400 2 S BISCAYNE BLVD MIAMI FL 33131	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	900004009219---0 --04/16/01--01006--006 *****50.00 *****50.00

9.	MANAGING MEMBERS / MEMBERS	10.	ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER EDWARD D. STONE, JR. & ASSOC., INC. 1512 E. BROWARD BLVD., STE 110 FORT LAUDERDALE, FL 33301 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition

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: _____ Virginia L. Vordeff, Treasurer   3, April 2001   (954)-524-3330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #