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2.

FILED
May 24, 2002 8:00 am
Secretary of State

02-05-2002 90114 036 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000006741

1. Entity Name
SOUND BREEZE I, LLC
EIN — 364373133 ✓

Principal Place of Business	Mailing Address
CARRIAGE HOUSE APTS. 7155 N. 9TH AVE., #103A PENSACOLA FL 32504	CARRIAGE HOUSE APTS. 7155 N. 9TH AVE., #103A PENSACOLA FL 32504

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number APPLIED FOR ☐ Applied For ☐ Not Applicable

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
JONGKO, GERMELINA 7155 N. 9TH AVE. APT. 103A PENSACOLA FL 32504	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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DE LEON CONTRERAS, ROSE 7155 N. 9TH AVE., APT. 103A PENSACOLA FL 32504	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JONGKO RAY, ELIZA 7155 N. 9TH AVE., APT. 103A PENSACOLA FL 32504	☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (9/01)

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] 1/28/02 850-476-8648
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Attachment

[redacted]

8396?

HL00000066497

EFTPS

SEPTEMBER 2000

SOUND BREEZE LLLC
ATTN: LIZ RAY
2186 N 9TH AVE APT 103X
PENSACOLA FL 32503-6001

Employer Identification Number:
384373133

Dear Taxpayer:

Thank you for enrolling in the Electronic Federal Tax Payment System. You may initiate payments at any time. Instructions have been included for your use. Your Personal Identification Number will be mailed to you under separate cover.

The attached Confirmation/Update form shows the date we currently have on file for you. Please retain it for future use. Review it for correctness on a routine basis. If you need to update it either now or in the future, the enclosed instructions will assist you with any changes or corrections. At that time, please return the form to the following address:

EFTPS ENROLLMENT
P.O. BOX 173788
DENVER, CO 80217-3788

If you need to update your taxpayer data with the IRS, call:

Internal Revenue Service
1-800-829-1040

If you have any questions or wish to request PC software, please call EFTPS Customer Service at 1-800-555-4477, Monday - Friday, between 8:30 AM and 8:00 PM Eastern Time. Thank You.

EFTPS Enrollment