

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90102 042 ****50.00

DOCUMENT # L00000007019

1. Entity Name

THE DYEABLE SHOE STORE, LLC



Principal Place of Business

**321 N UNIVERSITY DR
#N-4
PLANTATION FL 33324**

Mailing Address

**2130 REGATTA AVE
MIAMI FL 33140**

2. Principal Place of Business

3651 N.W. 81ST ST.

3. Mailing Address

3651 N.W. 81ST ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI, FL

Zip

33147

Country

Zip

33147

Country

4. FEI Number

65-1014389

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

7. Name and Address of New Registered Agent

**BERGER, JAMES L ESQ
BERGER DAVIS & SINGERMANN
350 E LAS OLAS BLVD SUITE 1000
FT LAUDERDALE FL 33301**

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

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **FINK, BRIAN D**
STREET ADDRESS **2100 REGATTA AVENUE**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3651 N.W. 81ST ST.**
CITY-ST-ZIP **MIAMI, FL 33147**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
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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: **BRIAN D. FINK**

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

2-3-03

Date

305-836-8800

Daytime Phone #

CR2E083 (10/02)