FILED
May 30, 2002 8:00 am
Secretary of State

05-06-2002 90131 038 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008003

1. Entity Name
CHRISTIAN REYNAUD INTERNATIONAL, L.L.C.

Principal Place of Business	Mailing Address
16520 S. POST ROAD #302 WESTON FL 33331	16520 S. POST ROAD #302 WESTON FL 33331

5 0 1 90353

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4578 N. HIATUS RD	4578 N. HIATUS RD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SUNRISE, FLORIDA	City & State: SUNRISE, FLORIDA
Zip: 33351 Country: USA	Zip: 33351 Country: USA

4. FEI Number 65-1025034 ☐ 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
COHN, SCOTT E 315 S.E. 7TH STREET, 2ND FL 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.

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 REYNAUD, CHRISTIAN % 16520 S. POST RD. #302 WESTON FL 33331 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO - MGR REYNAUD, CHRISTIAN 4578, N. HIATUS RD ~~33351~~ SUNRISE, FLORIDA 33351 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #