LIMITED LIABILITY COMPANY

FILED Mar 07, 2002 8:00 am Secretary of State

DOCUMENT # L00000008165 1. Entity Name CRUISE CONTROL HOLDINGS, L.L.C.								_ 03-07-2002 90151 036 ****50.00				
						1						
									Q 9 G	559		
							$\begin{array}{cccccccccccccccccccccccccccccccccccc$					
- [TON OC	WRITE	E IN THIS	SPAC	E	•		•				
						ĺ						
2. Principal Place of Business			3, Mailing Address									
960 Alton Road			c/o Roth & Scholl				_					
Suite, Apt. #, etc.			Suite, Apt. #, etc.					DO NOT W	RITE IN THIS	S SPACE		
- City & State			1500 San Remo Ave #176			76	4. EEI Number Applied For					
City & State Miami Beach, FL			Coral Gables, FL				651022	497		Nat Applica		
Zip Country			Zip	try	5. Certificate of Status Desired 55.00 Additiona				\$5.00 Additional			
33139	US.	<u> </u>	33146	USA						Fee Required		
Attended School	The same of the first section of the same		المال المحمد المحادث		Name		. Name and A	ddress of Curre	nt Register	ed Agent		
DO NOT WRITE						Jeffrey C. Roth, Esq. Street Address (P.O. Box Number is Not Acceptable) Roth & Scholl						
		Roth	.ddrēss (P. SC)	.O. Box Numbe holl	er is Not Accepta	ble)		- 1				
	IN II	PACE	1500	00 San Remo Avenue, Suite 176								
												
					Cora	l Gab	les		F	Zip Code 33146		
8. The above	named entity submits	this statement for	or the ourpose of chan-	ging its registere	ed office o	r registere	d agent, or bot	h, in the State of	Florida.			
	$(.)_{\Delta} \Lambda \Lambda$	11 XG)////-						2/11	12]	
SIGNATURE _	Signature, typed or primedna	me o registered agent	and title if applicable.						DAT	<u> </u>	1	
	0,	1	f- 3	FEEIS	\$50:00		2 5 7 1					
			Make Ch	FEE IS	o Depart	ment of	State				J	
			4734	/- DUE BY	MAY/1						j	
9.		NAGING MEMBI	ERS/MANAGERS			9,3400 30,994,000.00	- Sweet Cim	`				
TITLE	MGR Fevine F	hilin		TITLE							3	
NAME CONSTANCES	1405 27 16' 5 '			NAMI								
CITY-ST-ZIP	1				ET ADDRESS ST-ZIP	. '						
TITLE	TITULATE DOG	<u> </u>	33139	TITLE		v.8.		 				
NAME				NAM				•]	
STREET ADDRESS				The state of the s	ET ADDRESS							
CITY-ST-ZIP				CITY	ST-ZIP				·····			
TITLE				TITLE NAME							{	
NAME STREET ADDRESS	·		والمرابعة المستوالية		: T.ADDRESS.I			Sharim D. C. arts. Filipi	B. D. J. E. S.		- 1	
CITY-ST-ZIP				9	ST-ZIP		D(TONC	WR	l E]	
TITLE				TITLE			IN	THIS	SDA	^E		
NAME				NAME		'	11.4	פוחו	SFA	CE		
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS ST-ZIP	i					. }	
							 					
TITLE NAME				TITLE NAME			4 1		•		- 1	
STREET ADDRESS					T ADDRESS		2		•		- 1	
CITY-ST-ZIP				CITY-	ST-ZIP							
TITLE				TITLE			-					
NAME STREET ADDRESS				NAME	T ADDRESS						}	
CITY-ST-ZIP			_		ST-ZIP							
11. I hereby ce	ertify that the informat		nis de does not au	alify for the exer	nption stat	ed in Secti	ion 119.07(3)(i), Florida Statute	s I further or	ertify that the information	_	
indicated o	on this report is true a pility company or the re	nd accurate and	iny signature shale empowered to execu	If have the same	legai effe	ct as if mai	de under oath;	thát lam a man	aging memb	per or manager of the	}	

be on printed name of signing managing member, manager, or authorized representative hilip Levine, Manager