LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
02 NOV -6 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1 of 2

DOCUMENT # L00000008378

1. Entity Name
Symbolize LLC

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1490 SE Grapeland Ave Suite, Apt. #, etc.	1490 SE Grapeland Ave Suite, Apt. #, etc.
Port St Lucie, FL City & State	Port St Lucie, FL City & State
34952 Zip / Country	34952 Zip / Country

4. FEI Number — Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Business Filings Incorporated
Street Address (P.O. Box Number is Not Acceptable): 1000 West Avenue No. 1114
City: Miami Beach FL Zip Code: 33139

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

600003833266
11/06/02--01098--005 **55.00

9. MANAGING MEMBERS / MANAGERS

TITLE	Mgr
NAME	Nguyen, Vu
STREET ADDRESS	1490 SE Grapeland Ave
CITY-ST-ZIP	Port St Lucie, FL 34952
TITLE	Mgr
NAME	Saf, Dennis
STREET ADDRESS	1490 SE Grapeland Ave
CITY-ST-ZIP	Port St. Lucie, FL 34952
TITLE	Mgr
NAME	Dang, Johann
STREET ADDRESS	1490 SE Grapeland Ave
CITY-ST-ZIP	Port St. Lucie, FL 34952
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

600003833122
11/06/02--01098--001 **90.00

DO NOT WRITE IN THIS SPACE

CR2E083B (12/01)

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: Johann Dang 10-28-2002 (772) 285-8638
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Attn: Lee Rivers

I spoke with you October 28th about trying to re-order this online back in April, but it didn't go through. Enclosed you'll find a check for $55 and the changes I tried making back in April online.

Thank you.