

# 2001 UNIFORM BUSINESS REPORT (UBR)

0009174 AF

DOCUMENT # L00000008384

1. Entity Name  
3DD, LLC

FILED

01 APR 23 PM 5:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
56 N.E. 40TH STREET  
MIAMI FL 33137

Mailing Address  
56 N.E. 40TH STREET  
MIAMI FL 33137



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address 4500 Biscayne Blvd  
2999 Biscayne Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite # 104

City & State

City & State

Miami, Florida

4. FEI Number

65-1030715

Applied For

Not Applicable

Zip

Country

Zip

Country

33137

USA

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent 33137

7. Name and Address of New Registered Agent

RHODES, STEVEN M  
56 N.E. 40TH STREET  
MIAMI FL 33137

Name Seth Gadinsky  
Street Address (P.O. Box Number is Not Acceptable)

4500 Biscayne Blvd. - Suite #104  
City Miami FL Zip Code 33137

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**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete  
NAME MGRM  
STREET ADDRESS RHODES, STEVEN M  
CITY-ST-ZIP 56 N.E. 40TH STREET  
MIAMI FL 33137

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME SETH GADINSKY - MEMBER  
STREET ADDRESS 4500 BISCAYNE Blvd. - Suite #104  
CITY-ST-ZIP MIAMI, FL 33137

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

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

4/18/07

Date

(305) 852-0323

Daytime Phone #

CR2E083 (11/00)