

2002 AMENDED
**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

07/10-2002 90198 004 ****61.25
L00000008657

DOCUMENT # L00000008657

1. Entity Name

MSL, LC

FILED

2002 AUG 27 AM 10: 58

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

969990

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Principal Office of Business 73 W. FLAGLER ST. RM 800 Suite, Apt. #, etc.		3. Mailing Address 73 W. FLAGLER ST. RM 800 Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
Zip 33130	Country USA	Zip 33130	Country USA
4. FEI Number 582601549		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	

7. Name and Address of Current Registered Agent

Name **Martin Zilber**
Street Address (P.O. Box Number is Not Acceptable)
73 W. FLAGLER ST. RM 800
City **Miami** FL Zip Code **33130**

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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 state if applicable.

UAIL

FEE IS \$20.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP
MGR	CICERONE, LOUIS R.	3295 Ridgewood Road	Atlanta, GA 30327
MGR	ZILBER, MARTIN	73 W. FLAGLER ST. RM 800	MIAMI-FL 33130
MEMBER	MARTIN G. ZILBER, TRUSTEE	73 W. FLAGLER ST. RM 800	MIAMI-FL 33130
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP

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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 606, Florida Statutes.

SIGNATURE: _____

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

Martin Zilber

(305) 766-1717
Daytime Phone #

CR2E0819 (12/01)