SIGNATURE: 1990 OR PRINTED NAME OF SIGNING MANAGING MA

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DOCUMENT # 1. Entity Name	[‡] L0000	0008766	<u>-</u> ,	, '¥		· FIL	FN			
POLIKAR ENTERPRISES, L.L.C.										
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Principal Place of Business		Mailing Address				SECRETAR'	Y OF STA	JE.		
433 LINCOLN ROAD MIAMI BEACH FL 33139		433 LINCOLN ROAD MIAMI BEACH FL 33139				SECRETARY OF STATE TALLAHASSEE, FLORIDA				
متاياه جارات لياسي المنسيب				• -	· · · · · · · · · · · · · · · · · · ·					
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State	,	City & State			4. FEI N	umber			plied For t Applicable	
Zip	Country	Zip	Country			cate of Status Desired	□ Ė	5.00 Add ee Required		
6. Name a	nd Address of Current F	legistered Agent	- K	Name	7. Name	and Address of New R	tegistered Ag	ent		
TODOLUSI BALAD										
TORCHIN, DAVID	n RIVO SHITE 200		S	Street Add	dress (P.O. Box Nu	umber is Not Acceptable)) 	·		
8211 WEST BROWARD BLVD., SUITE 200 PLANTATION FL 33324-2726										
. •				City			FL	Zip Code	9	
										
B. The above named entity s	submits this statement for	the purpose of changing its	registered o	office or re	egistered agent, o	r both, in the State of Flo	orida.			
8. The above named entity s	submits this statement for	the purpose of changing its	registered o	office or re	egistered agent, o	r both, in the State of Flo	orida.			
The above named entity s SIGNATURE					egistered agent, o		orida. DATE	<u> </u>		
CIONATURE **	submits this statement for printed name of registered agent ar	nd title if applicable. (NOTI	E: Registered Ago	gent signature	required when reinstatin				·	
CIONATURE **		nd title if applicable. (NOTI	E: Registered Age	gent signature	required when reinstatin					
CIONATURE **	printed name of registered agent ar	FILE No.	E: Registered Ago OW!!! FEI	gent signature	required when reinstatin	G)	DATE			
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