

2001 UNIFORM BUSINESS REPORT (UBR)

0027373 AF

DOCUMENT # L00000008989

1. Entity Name
LOUISIANA, L.L.C.

FILED

01 FEB 22 PM 4:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

220 W GREENWAY BLVD.
FALLSCHURCH VA 22046

Mailing Address

220 W GREENWAY BLVD.
FALLSCHURCH VA 22046

2. Principal Place of Business

3000-12 NW 25th Ave.

3. Mailing Address

3000-12 NW 25th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FL

City & State

POMPANO BEACH, FL

Zip

33069

Country

US

Zip

33069

Country

US

4. FEI Number

36-4383124

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ACCOUNTING AFFORDABLE, INC.
2975-B WEST COMMERCIAL BLVD.
FORT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name
LOUISIANA-LLC

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

3000-12 NW 25th Ave

City POMPANO BEACH

FL

Zip Code 33069

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]

DANIEL CAIRO

Feb 15, 2001

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS / CHANGES

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

[Signature]

DANIEL CAIRO

Jan 25, 2001

954 917 8834

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

Date

Daytime Phone #

CR2E083 (11/00)