LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State
04-10-2002 90017 014 ****50.00

DOCUMENT # L00000009292

1. Entity Name
INCOL L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
20281 E. Country Club Dr.	20281 E. Country Club Dr.
Suite, Apt. #, etc.: PH8	Suite, Apt. #, etc.: PH8
City & State: Aventura FL	City & State: Aventura FL
Zip: 33180 Country: U.S.A.	Zip: 33180 Country: U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1037180 ☐ 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: BAISDEN, THERREL P.A.
Street Address (P.O. Box Number is Not Acceptable): ONE S.E. 3RD AVE.
SUITE 2400
City: MIAMI FL Zip Code: 33131

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

9. MANAGING MEMBERS / MANAGERS

TITLE	MGR	TITLE	
NAME	WAGENBERG SAUL	NAME	
STREET ADDRESS	20281 E. COUNTRY CLUB DR. (PH8)	STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL 33180	CITY-ST-ZIP	
TITLE	MGR	TITLE	
NAME	WAGENBERG REBECA	NAME	
STREET ADDRESS	20281 E. Country Club Dr. (PH8)	STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL 33180	CITY-ST-ZIP	
TITLE	MGR.	TITLE	
NAME	WAGENBERG ALAN	NAME	
STREET ADDRESS	20281 E. Country Club Dr. (PH8)	STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP	AVENTURA FL 33180	CITY-ST-ZIP	
TITLE		TITLE	**IN THIS SPACE**
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: _____ MGR. SAUL WAGENBERG 03-27-01 305-3430640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE. Date Daytime Phone #