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.

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4. FEI Number 65-1037180 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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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	NAME	STREET ADDRESS	CITY-ST-ZIP
MGR	WAGENBERG SAUL	20281 E. COUNTRY CLUB DR. (PH8)	AVENTURA FL 33180
MGR	WAGENBERG REBECA	20281 E. Country Club Dr. (PH8)	AVENTURA FL 33180
MGR.	WAGENBERG ALAN	20281 E. Country Club Dr. (PH8)	AVENTURA FL 33180

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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 #