

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000009458

1. Entity Name

LOIC FEILLET INVESTMENTS LLC

FILED

01 MAY -7 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2665 S Bayshore Dr # 703
Miami FL. 33133

2665 S. Bayshore Dr. # 703
Miami, FL. 33133

2. Principal Place of Business

1535 Three Village Rd

3. Mailing Address

1535 Three Village Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Weston, FL. 33326

City & State

Weston, FL. 33326

4. FEI Number

65-1033390

Applied For

Not Applicable

Zip

Country

33326

Broward

Zip

Country

33326

Broward

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

World Corporate Service, Inc
2665 S. Bayshore Dr. # 703
Miami, FL. 33133

7. Name and Address of New Registered Agent

Name Patrick Vivies CPA, PA

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

700 E. Dania Beach Blvd # 202

City Dania

FL

Zip Code 33004

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/01

TIME NOW IN EFFECT

Printed name of registered agent and title if applicable

200004368462--8

--06/07/01--01008--014

*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME Loic Feillet
STREET ADDRESS 1535 Three Village Rd
CITY-ST-ZIP Weston, FL. 33326 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #