FILED
Aug 28, 2002 8:00 am
Secretary of State
05-03-2002 90038 015 ****50.00

[redacted]

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LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010006

1. Entity Name

BUDDHA, LLC

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6331 Rocking Horse Rd	3000 N. Ocean Dr 37F
Suite, Apt. #, etc.	Suite, Apt. #, etc. 37F
City & State: Jupiter, FL	City & State: Singer Island FL
Zip: 33458 Country: USA	Zip: 33404 Country: USA

4. FEI Number: 65-1072742 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: Carl Presto

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

3000 N. Ocean Dr 37F

City: Singer Island FL Zip Code: 33404

DO NOT WRITE IN THIS SPACE

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	Pres-Sec	TITLE	
NAME	Carl Presto	NAME	
STREET ADDRESS	3000 N. Ocean Dr F37	STREET ADDRESS	
CITY-ST-ZIP	Singer Island FL 33404	CITY-ST-ZIP	
TITLE	Tre V. Pres	TITLE	
NAME	Denise Presto	NAME	
STREET ADDRESS	3000 N. Ocean Dr F37	STREET ADDRESS	
CITY-ST-ZIP	Singer Island, FL 33404	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: ____________________ 4-25-02 561 207 4999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

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