

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010094

1. Entity Name

RELOFE LLC

Principal Place of Business

1535 THREE VILLAGE ROAD
WESTON FL 33326

Mailing Address

1535 THREE VILLAGE ROAD
WESTON FL 33326

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65 1033390

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WORLD CORPORATE SERVICES, INC.
2665 SOUTH BAYSHORE DRIVE, SUITE 703
MIAMI FL 33133

Name

Patrick Vivies CPA, PA

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

700 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)

4/26/01

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

3000004368458--0
-06/07/01--01008--013
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
BALOFF, INC.
1535 THREE VILLAGE ROAD
WESTON FL 33326

☐ Delete

TITLE
NAME
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 REQUIRED

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

Date

Daytime Phone #