

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 93604 001 ***150.00

DOCUMENT # L00000010094

1. Entity Name

RELOFE LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1535 Three Village Rd

Suite, Apt. #, etc.

3. Mailing Address
1535 Three Village Rd

Suite, Apt. #, etc.

P.O. Box 266888

DO NOT WRITE IN THIS SPACE

City & State
Weston, FL

City & State
Weston, FL

4. FEI Number
65-1033390

Applied For
Not Applicable

Zip
33326

Country
USA

Zip
33326-6888

Country
USA

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
Patrick Vivies, CPA PA

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

700 E. Dania Beach Blvd # 202

City Dania FL Zip Code 33326

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.

DATE

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	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
MGR	Balofe, Inc.	1535 Three Village Rd	Weston, FL 33326				

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(f), 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:

Loïc FEILLET

[Signature]

Date

May 15-2002

Daytime Phone #

CR2E083B (12/01)