

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90003 022 ****50.00

DOCUMENT # L00000010941

1. Entity Name

TINN TINN LIMITED, LLC



Principal Place of Business

**5785 PINE DRIVE
MIAMI BEACH FL 33140**

Mailing Address

**5785 PINE DRIVE
MIAMI BEACH FL 33140**

2. Principal Place of Business

**1043 - 1053 W FLAGLER ST
Suite, Apt. #, etc.**

3. Mailing Address

**PO BOX 2223
Suite, Apt. #, etc.**

City & State

MIAMI, FLORIDA

City & State

MIAMI BEACH, FLORIDA

4. FEI Number

65-1047911

Applied For

Not Applicable

Zip

33130

Country

U.S.A.

Zip

33140

Country

U.S.A.

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MERKIN, STEWART P.A.
4444 BRICKELL AVENUE
SUITE 300
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **BERNARDO MOTOLA, Esq.**

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

Lusky & Motola, P.A.

301 ALMERIA AVENUE, SUITE 345

City **CORAL GABLES**

FL

Zip Code **33134**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

[Signature] **B. Motola**

3/12/03

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE	COP	<input type="checkbox"/> Delete
NAME	GREEN, ADRIAN	
STREET ADDRESS	5785 PINE TREE DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	COP	<input type="checkbox"/> Delete
NAME	GREEN, MICHELLE	
STREET ADDRESS	5785 PINE TREE DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	COP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, ADRIAN	
STREET ADDRESS	3120 PINE TREE DRIVE	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	COP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, MICHELLE	
STREET ADDRESS	3120 PINE TREE DRIVE	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED *[Signature]* **ADRIAN GREEN**

3/10/03

786-395-5559.

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

Date

Daytime Phone #

CR2E083 (10/02)