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		00011151		
1. Entity Nam	10 RETAIL OF SOUTH BEAC	H. L.L.C.	FILED  O1 FEB -9 AM II: 00	
THIS TENTE OF GOOTT DE CIT, E.E.C.				W11:00
				of FEB -9 AM III
,	e of Business	Mailing Address		1 STATE
20432 N.W. 16TH PLACE 8211 WEST BROWARD BLV NORTH MIAMI BEACH FL 33179 PLANTATION FL 33324-2726				SECRETARY FLORIDA
NOTICE TO SELECT				TALLATORS
2. Principal Place of Business 3. Mailing Ac				I TERTABUL BIN DENTA ENTIL BOTTL BOTTL BOTTL TOTAL TIREL TIREL BUILD LIBER BUILD TOTAL
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State City & State				4. FEI Number 65-1039159 Applied For Not Applicable
Zip Country		Zip Country		\$5.00 Additional
	,		<u> </u>	Fee Required
	6. Name and Address of Curre	nt Registered Agent	N:	7. Name and Address of New Registered Agent
TORCHIN	, DAVID CPA		· [	
8211 WEST BROWARD BLVD., SUITE 200				treet Address (P.O. Box Number is Not Acceptable)
PLANTATION FL 33324-2726				
			Ci	ity FL Zip Code
8 The shows	named entity submits this statement	for the purpose of changing i	ts registered of	ffice or registered agent, or both, in the State of Florida.
<b>5.</b> 1110 00000	That how office bushing the state from	To the perpose of changing	to registered on	
SIGNATURE .	Signature, typed or printed name of registered age	ont and title if applicable (NO	TF: Begistered Agen	ent signature required when reinstating)  DATE
	Organizatio, typed or printed feature of registerior age	sit and the mappings.	Tre, Hogistoreo Agor	An algorithm of the first and algorithm of the first and algorithm.
مد . ت	in a second control of	<u> </u>		E IS \$50.00
	,	Make Check H	ayable to De	epartment of State
9.	MANAGING MEN	IBERS/MEMBERS	10.	ADDITIONS/CHANGES
TITLE NAME	MGR	<b>₩</b> Delete	TITLE NAME	DDRESS 20432 N.E 16+ Pl  ZIP N. Miam: Fl 33179  CRance Maddition 8  Example Maddition 8  Example Maddition 8  Example Maddition 8  Example Maddition 8
STREET ADDRESS	BOTTON, NENO 5514 S.W. 28TH TERRACE		STREET ADD	DARESS 20432 N.E 16+ P
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	· ·	CITY-ST-ZI	N. Miami Fl 33179
TITLE		Delete	TITLE	ALTIT Alain Change Maddition &
NAME STREET ADDRESS			NAME Street add	1 th O
CITY-ST-ZIP			CITY-ST-ZI	
TITLE		☐ Delete	TITLE	M & R . □ Change □ Addition
NAME Street address			NAME STREET ADD	Jacobson Jilian
CITY-ST-ZIP			CITY-ST-Zi	CONSTRUCTION PI
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NAME Street Address		<del>-</del>	NAME Street add	Botton Neno
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STREET ADDRESS   CITY-ST-ZIP			STREET ADD	TO ACHSA NIE 10
TITLE'		☐ Delete	TITLE	N. Miami El 33179  Change Addition
NAME			NAME	00000037429503
STREET ADDRESS ' CITY-ST-ZIP			STREET ADE CITY-ST-ZI	· occessor 01040 -011
11. I hereby o	certify that the information supplied w	ith this filing does not qualify	or the exemption	ion 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.				
	10.	1///	A	
SIGNATURE: 100 105-690-005- 305-710-006-				
SIGNATURE AND/TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daylime Phone # '				

02/06/01 Date