

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90033 015 ****50.00

DOCUMENT # L00000011175

1. Entity Name

EIBB, LLC

Principal Place of Business

**5706 BENJAMIN CTR DRIVE
 STE #120
 TAMPA FL 33634**

Mailing Address

~~**5706 BENJAMIN CTR DRIVE
 STE #120
 TAMPA FL 33634**~~

2. Principal Place of Business

3. Mailing Address

13501 S.W. 128th street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#204

City & State

City & State

MIAMI, Florida

Zip

Country

Zip

33186

Country

USA

4. FEI Number

65-1043197

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

**CORPORATOIN COMPANY OF MIAMI
 201 S. BISCAYNE BLVD.
 1500 MIAMI CENTER
 MIAMI FL 33131**

Name

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

City

FL

Zip Code

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)

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 WILSON, DAVID
 13501 SW 128TH ST #204
 MIAMI FL** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 MCKILLOP, JAMES
 615 CRESCENT EXECUTIVE CT #400
 LAKE MARY FL** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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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 CFD

Date

Daytime Phone #

CR2E083 (9/01)