

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011851

1. Entity Name
GAS LLC

Principal Place of Business
2750 N.E. 183RD STREET #408
AVENTURA FL 33160

Mailing Address
2750 N.E. 183RD STREET #408
AVENTURA FL 33160

2. Principal Place of Business
13695 W. Dixie Highway
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
North Miami, FL

City & State

Zip
33160

Country
Dade

Zip

Country

4. FEI Number

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

WALK, GARY
515 NORTH FLAGLER DRIVE, 18TH FLOOR
BOOSE CASEY CIKLIN LUBITZ
WEST PALM BEACH FL 33401

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SIRAGUSA, SAL
2750 N.E. 183RD STREET, #408
AVENTURA FL 33160 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100003631601
-02/02/01--01134--004
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-25-01-305-891-7641

FILED

01 JAN 29 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (1/1/00)