2005 LLC

DOCUMENT # 2-000000 13377



FILED May 18, 2005 8:00 am Secretary of State

	ULTRA PEH	CRLLC		05-18-2005 90245 002 ***150.00
Principal Pla	ce of Business	Maiting Address		
10	801 N.W. 27 T,	+AV. 10801N.11	. 27th aug.	A CONTRACT ON MATTER AND ARREST ARREST ARREST COME WITH A PART AND ARREST AREA. SAFETY AREA. SAF
~	Place of Business	MIZMI	E633100	
2. Principal Place of Business		J. Maining Address		i menuta in bakes and sain sein sens irke inje sere fan en eensta by
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/04)
City & State		City & State		4. FEI Number Applied
Zip Country		Zip Country		65-1052556 Not Apr
			Country	5. Certificate of Status Desired S8.75 Addition: Fee Required
	6. Name and Address of Curre	nt Registered Agent	Name	7. Name and Address of New Registered Agent
	Tonna	,	Street Ac	ddress (P.O. Box Number is Not Acceptable)
,	TORRES, PAUL 10901 N.W. 27	-1 N4 0		
•	MIAMI, FL	74 AUG. 13-	City	Zip Code
				FL Zip Code registered agent, or both, in the State of Florida. I am familiar with, and
	tions of registered agent.	rici me porpose of changing i	is registated office or	registered agent, or both, in the State of Florida. I am tantial with, and
SIGNATURE	Spinature, typed or printed name of registered ag	MA) Aldradom halls her ton	OTF. Registered Agent signatur	is enguised which exhibition) TATE
······································	TLE NOW!!! FEE IS \$150.00	Cut man me in distinction.	J.H., riegisarma Agemi signalu	(M. LE
After	May 1, 2005 Fee Will Be \$550. k Payable to Florida Department			Section Campaign Financing \$5.00 Trust Fund Contribution.
10.	OFFICERS AN	D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN
TITLE NAME	MER	Detete	TITLE	☐ Change ☐
STREET ADDRESS	PORKES PAUL	INED THAUL BOZ	: STREET ADDRESS	
CITY ST 70°	10 00 N.W. 27		CHY-S1-7IP	Change C.
INAME	10804 N.W. 27	L. J. Leiter	NAME	C) Orionite C
STREET ADDRESS CITY-ST-ZIP	, MI ZMI : FL, 3	# 4 /c 12-2 3 / Um	SIRIFI ADDRESS CULY-S1-74P	
1014		Detete	litte	☐ Change ☐
NAME STREET ADDRESS			NAME CIDES ADDRESS	
CITY - ST - ZIP			STREET ADDRESS City-St-Zip	
DILE		☐ Delete	TATE	☐ Change ☐
NAME STREET ADDRESS			NAME SIRLEI ADDRESS	
CILY ST-ZIP			CHTY-S1-78P	
HALE		Delete	TOTALE	Change C
SIRELI ADDRESS			NAME STREET ADDRESS	
CHY-SI 70º			CITY-ST-7IP	
11[[]		☐ Delete	IRLE	Change C
STREET ADDRESS			NAME STREET ADDRESS	
CHY SI-7IP	<u></u>	· <u>-</u>	CBY-SI-ZIP	
indicated of the cor	on this report or supplemental report	is true and accurate and that powered to execute this repor	my signature shall have t as required by Chap	d in Section 119.07(3)(i), Florida Statutes. I further certify that the informate the same legal effect as if made under cath; that I am an officer or of the 607, Florida Statutes; and that my name appears in Block 10 or Bk
SIGNAT	URE: (+) XOWE	Uno Jos	ned	4/13/05