

2001 UNIFORM BUSINESS REPORT (UBR)

0010035 AF

DOCUMENT # L00000014354

1. Entity Name

PFL, HOLDINGS, L.L.C.

FILED

01 FEB -6 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

7695 S.W. 104TH ST., STE. 210
PINECREST FL 33156

Mailing Address

7695 S.W. 104TH ST., STE. 210
PINECREST FL 33156

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1060777

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LITTMAN, ERIC P ESQ.
7695 S.W. 104TH ST., STE. 210
PINECREST FL 33156

7. Name and Address of New Registered Agent

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

TITLE NAME ☐ Delete
ERIC P. LITTMAN
STREET ADDRESS 7695 SW 104 ST., Suite 210
CITY-ST-ZIP MIAMI FL 33156

TITLE NAME ☐ Delete
RONALD PULLOT
STREET ADDRESS 7695 SW 104 ST., Suite 210
CITY-ST-ZIP MIAMI FL 33156

TITLE NAME ☐ Delete
ROBERT FISCH
STREET ADDRESS 7695 SW 104 ST., Suite 210
CITY-ST-ZIP MIAMI FL 33156

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

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

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

TITLE NAME ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/13/01 305-683-3300

CR2E083 (11/00)