

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90057 032 \*\*\*\*50.00

DOCUMENT # **L00000014811** ✓

1. Entity Name

**Feldman-Aaron, LLC**

**DO NOT WRITE IN THIS SPACE**

**80102808**

2. Principal Place of Business

**4850 W. Prospect Rd.**

Suite, Apt. #, etc.

3. Mailing Address

**4850 W. Prospect Rd.**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Ft. Lauderdale, FL**

City & State

**Ft. Lauderdale, FL**

4. FEI Number

**65-1068094**

Applied For

Not Applicable

Zip

**33309**

Country

**USA**

Zip

**33309**

Country

**USA**

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**Joseph C. Wasch**

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

**4850 W. Prospect Rd.**

City

**Ft. Lauderdale**

**FL**

Zip Code

**33309**

**DO NOT WRITE  
IN THIS SPACE**

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

**Joseph C. Wasch**

Signature, typed or printed name of registered agent and title if applicable.

**4-29-02**

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
member/manager	<b>A + F Venture, LLC</b>	<b>4850 W. Prospect Rd.</b>	<b>Ft. Lauderdale, FL 33309</b>				
member	<b>Lavian, LLC</b>	<b>4850 W. Prospect Rd.</b>	<b>Ft. Lauderdale, FL 33309</b>				
member	<b>Color Concepts, LLC</b>	<b>4850 W. Prospect Rd.</b>	<b>Ft. Lauderdale, FL</b>				

**DO NOT WRITE  
IN THIS SPACE**

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 of 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 #

CR2E083B (12/01)