

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90609 002 ****50.00

DOCUMENT # L00000015665

1. Entity Name

OLE, LLC



Principal Place of Business

Mailing Address

**13644 SOUTHWEST 142ND AVENUE, SUITE D
MIAMI FL 33186**

**9305 SW 122 LN.
MIAMI FL 33176**

2. Principal Place of Business

3. Mailing Address

13644 SW 142 AVE #D

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MIAMI

City & State

City & State

Zip

Country

FL

Country

33186

4. FEI Number **65-1065852**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MURDOCH, ROBERT E
JOHNSON, ANSELMO, MURDOCH, BURKE & GEORGE
790 EAST BROWARD BOULEVARD, SUITE 400
FORT LAUDERDALE FL 33301**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P LLORD, OSCAR 9305 SW 122 LN. MIAMI FL 33176 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S LLORD, MARIA 9305 SW 122 LN. MIAMI FL 33176 | <input checked="" type="checkbox"/> Delete |
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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

3/23/03

305 773-4287

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)