

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

FILED
Jun 25, 2002 8:00 am
Secretary of State

06-25-2002 90441 026 ***50.00

DOCUMENT # L01000000 709

1. Entity Name

DEAL PROPERTIES LLC (2)

DO NOT WRITE IN THIS SPACE

969575

2. Principal Place of Business

6555 NW 36 ST,

Suite, Apt. #, etc.

303

City & State

MIAMI, FL

Zip

33166

Country

USA

3. Mailing Address

6555 NW 36 ST,

Suite, Apt. #, etc.

303

City & State

MIAMI, FL

Zip

33166

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1068600

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

DEREK K. LATTA

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

6555 NW 36 ST, #303,

City

MIAMI

FL

Zip Code

33166

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.

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	<u>MGR</u>
NAME	<u>DEREK K LATTA,</u>
STREET ADDRESS	<u>6555 NW 36 ST, #303, MIAMI, FL 33166</u>
CITY-ST-ZIP	
TITLE	<u>MGR</u>
NAME	<u>ALAN P. GRIFFITHS</u>
STREET ADDRESS	<u>6555 NW 36 ST, #303, MIAMI, FL 33166</u>
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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CITY-ST-ZIP	

**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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Alan Griffiths

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

6-20-02

Date

305/870-0606

Daytime Phone #

ALAN GRIFFITHS - MANAGER

CR2E083B (12/01)