FILED
03 MAY -2 PM 5:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000001244

1. Entity Name
COLL ENTERPRISES, LLC

Principal Place of Business	Mailing Address
7270 WEST LAGO DRIVE CORAL GABLES, FL 33143	7270 WEST LAGO DRIVE CORAL GABLES, FL 33143

2. Principal Place of Business	3. Mailing Address
10840 Snapper Creek Rd	10840 Snapper Creek Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Gables, FL	City & State: Coral Gables, Fl
Zip: 33156 Country	Zip: 33156 Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1100009 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KTG&S REGISTERED AGENT CORPORATION 100 S.E. 2ND STREET, 28TH FLOOR MIAMI, FL 33131	Name: Coll, Sandra Street Address (P.O. Box Number is Not Acceptable): 10840 Snapper Creek Road City: Coral Gables FL Zip Code: 33156

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] 4/28/03
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 Checks Payable to: Florida Department of State Due by May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: P NAME: COLL, SANDRA STREET ADDRESS: 7270 W LAGO DR CITY-ST-ZIP: MIAMI, FL 33143	☐ Delete	TITLE: P NAME: Coll, Sandra STREET ADDRESS: 10840 Snapper Creek Road CITY-ST-ZIP: Coral Gables, Fl 33156	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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] 4/28/03 (305) 722-7104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #