

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

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90171 045 ****50.00

DOCUMENT # **L01000001304**

1. Entity Name

Munch #1, LLC

DO NOT WRITE IN THIS SPACE

924806

2. Principal Place of Business

16009 N. Florida Ave

Suite, Apt. #, etc.

3. Mailing Address

16009 N. Florida Ave

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Lutz, FL

City & State

Lutz, FL

4. FEI Number

59-3717473

Applied For

Not Applicable

Zip

33549

Country

Zip

33549

Country

Hillsborough

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Jon Wittner

Street Address (P.O. Box Numbers Not Acceptable)

16009 N. Florida Ave

City

Lutz

FL

Zip Code

33549

**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

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

2.1.02
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
**President
Humaid Masood
5407 Sandcrane Court
Wesley Chapel, FL 33543**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Vice President
Jon Wittner
814 Brantenburg Way
Lutz, FL 33549**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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

Managers

2.1.02

Date

813-265-0033

Daytime Phone #

CR2E083B (12/01)