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

FILED May 20, 2002 8:00 am Secretary of State

05-20-2002 90257 022 ****50.00

•										
DOCUN	ΛΕΝ	IT #	L	0	100	$\overline{\mathcal{O}}$	00	23	3	3

1. Entity Name - dias Profesionals (10

Accounting mores	381011035, 0	80104917					
DO NOT WRITE	IN THIS S	PACE					
2. Principal Place of Business 13542 N. Plonicka Ave	3. Mailing Address	Plonich Auc					
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State Tampa Florida	City & State Tompa F	·	4. FEI Number Applied For Not Applicable				
2ip Country 33613 0.5.	33013	Ountry O.S.	5. Certificate of Status Desira	ree Required			
All the second of the second o		Name	7. Name and Address of Cur				
DO NOT W IN THIS SP			S (P.O. Box Number is Not Accept				
	. `	City Ta	mpa	FL Zig Code			
8. The above named entity submits this statement for	r the purpose of changing it	s registered office or regis	tered agent, or both, in the State	of Florida.			
SIGNATURE Signature, typed or printed name of registered agent in	and title if applicable.			DATE			
•		FEE IS \$50.00 ayable to Department DUE BY MAY 1	of State				
9. MANAGING MEMBE	RS/MANAGERS						
TITLE Hanager NAME STREET ADDRESS CITY-ST-ZIP Lutz FL 3354	Care	TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TAME TAME TAME TAME TAME Flowda	·	TITLE NAME STREET ADDRESS CITY: ST-ZIP					
litt		TITLE		والمعاولة والمستوالية والمستوالية والمستواد والمستود والمستواد والمستود والمستود والمستود والمستود والمستود والمستود والمستود والمستود والمستود وا			
NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	DO NO	T WRITE			
TITLE		TITLE	IN THIS	SPACE			
NAME STREET ADDRESS CITY-ST-ZIP		STREËT ADDRESS	•				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	,				
TITLE		TITLE NAME	**************************************	***			

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 mustee empowered to execute this report as required by Chapter 608, Florida Statutes.

David Brewster SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE 43002

813.968.2515

Daylime Phone #