2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

Mailing Address

339 SOMBRERO BEACH ROAD

DOCUMENT # L0100002645

1. Entity Name

828 4TH STREET, LLC

Principal Place of Business

339 SOMBRERO BEACH ROAD



FILED Feb 07, 2003 8:00 am Secretary of State 02-07-2003 90016 021 ****50.00

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MARATHUN FL 33050		MARATHON FL 33050			RUULIUUN			
	•						* 818 8 1 81	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Numbe	00 1000071			
Zip	Country	Zip	Country	5. Certificate	of Status Desired	\$5.00 A	Not Applicable	
	6. Name and Address of Current	ent Pegistered Agent		Fee Required				
		Name	7. Name and Address of New Registered Agent Name					
	NG SONG INVESTMENTS		·-					
	SOMBRERO BEACH ROAD RATHON FL 33050		Street Address		r is Not Acceptable)		-	
			0:5-					
			City			EL Zip Co		
the above the obligat	e named entity submits this statement fo tions of registered agent.	r the purpose of changing its	registered office or regi	istered agent, or both	n, in the State of Florida. I a	am familiar wit	h, and accept	
				•				
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registered Agent signature red	quired when reinstating)	DAT			
· ·			W!!! FEE IS \$50.0	· · · · · · · · · · · · · · · · · · ·		-		
		Make Check Payabl	/w::: FEE 13 \$50.(e to Florida Denarti	ment of State				
	•		By May 1, 2003	ment of State				
9.	MANAGING MEMBE		10.		ADDITIONS (OLIANIS			
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NAME	PRICE, WALTER D	☐ Delete	NAME			☐ Criange	Addition	
STREET ADDRESS	339 SOMBRERO BEACH ROAD		STREET ADDRESS					
CITY-ST-ZIP	MARATHON FL 33050		CITY-ST-ZIP		•			
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iame			NAME					
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ITY-ST-ZIP			CITY CT 7ID					

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: Latter

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

☐ Delete

2-4-03

Daytime Phone #

☐ Change

☐ Addition