FILED
Sep 11, 2002 8:00 am
Secretary of State
09-11-2002 90099 035 ****55.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000002786

1. Entity Name

Y. Udaman, LLC

978853

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
319 1st ST NE Suite, Apt. #, etc.	319 1st ST NE Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE
City & State: Ruskin, FL	City & State: Ruskin, FL	4. FEI Number: 59-3698846 ☐ Applied For ☐ Not Applicable
Zip: 33570 Country: USA	Zip: 33570 Country: USA	5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: [redacted] Spiegel & Utrera PA

Street Address (P.O. Box Number is Not Acceptable): [redacted] 343 Almeria Ave

City: [redacted] Coral Gables, FL Zip Code: [redacted] 33134

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: Lisa F. Kaminer (Signature, typed or printed name of registered agent and title if applicable.) DATE: 9-4-02

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	Mgr. Buddy Mortimer 319 1st ST NE Ruskin, FL 33570
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mgr. Treasurer Lisa Kaminer 319 1st ST NE Ruskin, FL 33570
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

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CR2E083B (12/01)

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: Lisa F. Kaminer 9-4-02 813 765-3466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #