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## DOCUMENT # L01000002992 03 MAR 25 AM 8: 30 1. Entity Name IDHFT, LLC SECHETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 3390 S.W. 15TH STREET 3390 S.W. 15TH STREET Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For DEERFIELD BEACH, FLORIDA DEERFIELD BEACH, FLORIDA Not Applicable 65-1118478 Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required **BROWARD** 33442 BROWARD 33442 7. Name and Address of Current Registered Agent DO NOT WRITE <u>---MIAMI-CENTER-REGISTERED-AGENTS--L⊫C</u> -Street Address (P.O. Box Number is Not Acceptable) 201 S. BISCAYNE BLVD. IN THIS SPACE **SUITE 1700** City MIAMI Zip Code 33131 its/this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The above pamed entity subm 3.20.03 KAUTMAN SIGNATUŔE 100010201471 FEE IS \$50.00 Make Check Payable to Department of State | | /21/03--01003--002 9. MANAGING MEMBERS/MANAGERS THE THE REAL PROPERTY OF THE ASSESSMENT MGRM TITLE KAUFMAN, RENEE-NAME NAME TO THE STREET ADDRESS 3390 S.W. 15TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF DEERFIELD BEACH, FLORIDA 33442 TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE . NAME NAME STREET ADDRESS STREET ADDRESS, DO NOT WRITE CITY: ST-ZIP CITY-ST-ZIP BBB -NAME IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I EASTATEMENT TITLE NAME STREET ADDRESS CITY ST ZIP . CITY - ST - ZIP TITLE (# . \$ . . . NAME → " TITLE NAME

11. Thereby 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 eath; 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PR

STREET ADDRESS

CITY-ST-ZIP

TYPED OR PRINTED NAME OF SONING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1.14.2003 <del>4/24/20</del>02

(954) 596-2355

. Daytime Phone #