FILED
Sep 30, 2002 8:00 am
Secretary of State
05-13-2002 90210 036 ****50.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

43164

DOCUMENT # L01000004629

1. Entity Name: FAIRDEAL DISTRIBUTION, LLC

DO NOT WRITE IN THIS SPACE

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5657 WEST HOWARD Street	1500 W Cyprees Creek Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 407
City & State: Niles, IL	City & State: FT. Lauderdale, FL
Zip: 60714 Country: U.S.A	Zip: 33309 Country: USA

4. FEI Number: 58-2611756 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ISMAIL, YUNUS

Street Address (P.O. Box Number is Not Acceptable): 731 NW 84TH AVE.

City: Pembroke Pines FL Zip Code: 33024

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 ________________________________ DATE ________
Signature, typed or printed name of registered agent and title if applicable

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 Yunus Ismail 1500 W. Cypress Creek Rd Ft. lauderdale FL 33309	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: [signature] 4-30-02 (954) 928-1850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #