2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0100005989

1. Entity Name

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FILED Apr 14, 2003 8:00 am Secretary of State 04-14-2003 90001 003 ****50.00

56/- LYI-313 Z Daytime Phone # -

Principal Plac	e of Business	Mailing Address			\dashv					
Principal Place of Business 5840 NW 42ND TERRACE BOCA RATON FL 33496		5840 NW 42ND TERRACE								
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2. Principal Place of Business		3. Mailing Address	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MA	KING (CHANGES	- .	
City & State	е	City & State			4. FEI Nun	ber 65-1112648			pplied For ot Applicable	
Zip	Country	Zip	Zip Country		5. Certifica	te of Status Desired		5.00 Add	ditional	
	6. Name and Address of Curre	nt Registered Agent			7. Name a	nd Address of New Regist	ered Ag	jent		
LALE	FH			Name						
	NW 42ND TERRACE			Street Address	(P.O. Box Num	ber is Not Acceptable)			···	
	A RATON FL 33496					<u> </u>				
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				City			FL	Zip Cod	e	
	named entity submits this statemen	t for the purpose of changing it	ts register	ed office or registe	ered agent, or t	ooth, in the State of Florida.	I am fai	miliar with,	and accept	
the obligati	ions of registered agent.									
SIGNATURE .	Signature, typed or printed name of registered ag	A10	75. D	d Agent signature requir			DATE			
	Signature, typed or printed harrie or registered ag	<u></u>				ي مدام	DATE		-	
and the second second	e e e e e e e e e e e e e e e e e e e			FEE IS \$50.00		سداء بسيجيد الجنفت فالهدياء	 .	-		
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9.	MANAGING MEM	BERS/MANAGERS	10.			ADDITIONS/CHAI		Change	☐ Addition	
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CITY-ST-ZIP .	1		CITY	-ST-ZIP						
11. I hereby c	ertify that the information supplied w	vith this filing does not qualify for	or the exe	mption stated in S	Section 119.07(3)(i), Florida Statutes. I furth	er certify	that the ir	nformation	
indicated limited lial	on this report is true and accurate a bility company or the receiver of trus	na-man my signature shall have tee empowered to execute this	e ine same s report as	e regal effect as if required by Chap	made under oa pter 608, Florida	tn; tnat i am a managing m a Statutes.	ember	or manage:	r of the	

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE