## LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000007626

KREINDEL REAL ESTATE LLC



## 03 APR 28 AM 8: 29 SECRETARY OF STATE TALLAHASSEE FLORIDA

Applicable

DO NOI WRITE	IN THIS SPACE	800015479698
2. Principal Place of Business	3. Mailing Address	04/U8/U3U1U1S020 **SD.00
6768 10 th Ave N #194 Suite, Apt. #, etc.	2615 BUCKHURST Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE
City & State LAKE WORTH, FC	City & State BEACH WOOD OH	4. FEI Number Applied For 8 47 - 110 7 .4 0 5 Not Applied
Zip Country 2	Zip Country	5. Certificate of Status Desired   \$5.00 Additional Fee Required
	Name	7. Name and Address of Current Registered Agent

## DO NOT WRITE IN THIS SPACE

Γ	7. Name and Address of Current Registered Agent
	Name MARK KRIGNDBI
	Street Address (P.O. Box Number is Not Acceptable)
	22
	City 2000 00 D alf FL Zip Code

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	. I am familiar with, and accept
	the obligations of registered agent.	, ,

SIGNATURE Signature, typed or printed name of registered agent and title it applicable FEE IS \$50,00 Make Check Payable to Florida Department of State DUE BY MAY 1 MANAGING MEMBERS/MANAGERS TITLE KRIENDEZ MGRM MARK NAME NAME 2615 BUCKHURST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BEACHENOOD OH CITY-SI-ZIP 44122 TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITI F TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

CITY-ST-7IP

STREET ADDRESS

TITLE

NAME

ND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3 23 03