

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

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**  
04-28-2003 91002 016 \*\*\*\*50.00

DOCUMENT # L01000008193

1. Entity Name



FOUR FISHERMEN, LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3610 YACHT CLUB DRIVE

3. Mailing Address

3610 YACHT CLUB DRIVE

Suite, Apt. #, etc.

APT #911

Suite, Apt. #, etc.

APT #911

City & State

AVENTURA, FL.

City & State

AVENTURA, FL

DO NOT WRITE IN THIS SPACE

4. FEI Number

52-2320039

Applied For

Not Applicable

Zip  
33180

Country  
USA

Zip  
33180

Country  
USA

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

CURT LOEB

Street Address (P.O. Box Number is Not Acceptable)

3610 YACHT CLUB DRIVE #911

City

AVENTURA, FL.

FL

Zip Code

33180

**DO NOT WRITE  
IN THIS SPACE**

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 if applicable.

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
CURT LOEB  
3610 YACHT CLUB DRIVE #911  
AVENTURA, FL. 33180

TITLE  
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CITY-ST-ZIP

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CR2E083B (12/02)

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:

Curt Loeb CURT LOEB

4/11/2003

(305) 933-1262

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

Date

Daytime Phone #