

Amended
**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

07-21-2003 90088'029 *****50.00

L01000008341

FILED

03 JUL 24 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000008341

1. Entity Name

7390 LLC



Principal Place of Business

Mailing Address

C/O GENE H. TONN
7500 N.W. 5TH ST., STE. 103
PLANTATION FL 33317

C/O GENE H. TONN
7500 N.W. 5TH ST., STE. 103
PLANTATION FL 33317

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-1114960

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00

Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUDOLF & HOFMAN, P.A.
615 N.E. 3RD AVE.
FT LAUDERDALE FL 33304

Name

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

City

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME TOMM, GENE
STREET ADDRESS 7201 NW 9TH ST
CITY-ST-ZIP PLANTATION FL 33317 *Spillon*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR
NAME TOMM, GENE
STREET ADDRESS 7201 NW 9TH ST
CITY-ST-ZIP PLANTATION, FL 33317 *Spillon*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 the report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

CR2E083 (4/03)