FILED

Feb 24, 2003 8:00 am

## 2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR**

## Secretary of State DOCUMENT # L01000008423 1 Entity Name 02-24-2003 90055 004 \*\*\*150.00 LZG, LLC Principal Place of Business Mailing Address 4550 NORTH BAY RD 4550 NORTH BAY RD MIAMI BEACH FL 33140 MIAMI BEACH FL 33140 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0232060 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HERMAN, JUDITH E Street Address (P.O. Box Number is Not Acceptable) 4550 NORTH BAY RD MIAMI BEACH FL 33140 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 May 1, 2003 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES **MGRM** TITLE ☐ Delete TITLE ☐ Channe ☐ Addition HERMAN, JUDITH NAME NAME STREET ADDRESS 4550 N BAY RD STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33140** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP \_ ·CITY-ST-ZIP:::-☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 this report as required by Chapter 608, Florida Statutes.

GING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

954-650-0379