5/15

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 10, 2002 8:00 am
Secretary of State
05-15-2002 90136 007 ****50.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000009373

1. Entity Name
APP ASSOCIATES, LLC

Principal Place of Business	Mailing Address
201 CRANDON BLVD #728 KEY BISCAYNE FL 33149	201 CRANDON BLVD #728 KEY BISCAYNE FL 33149

2. Principal Place of Business	3. Mailing Address
1001 Brickell Bay Drive	Same
Suite, Apt. #, etc. Suite 2112	Suite, Apt. #, etc.
City & State Miami, Florida	City & State
Zip 33131 / Country Mia-Dade	Zip / Country

4. FEI Number 65-1130766 — 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
YOUNG, SAM 201 CRANDON BLVD #728 KEY BISCAYNE FL 33149	Name: Sam Young Street Address (P.O. Box Number is Not Acceptable): 1001 Brickell Bay Drive, Suite 2112 City: Miami FL Zip Code: 33131

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.

SIGNATURE: Sam Young, Member
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 Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS	10. ADDITIONS / CHANGES
TITLE / NAME: Leonardo F. Brito STREET ADDRESS: 1001 Brickell Bay Drive, #2112 CITY-ST-ZIP: Miami, FL 33131 ☐ Delete	TITLE / NAME: managing member STREET ADDRESS / CITY-ST-ZIP: ☐ Change ☐ Addition
TITLE / NAME: Sam Young STREET ADDRESS: 1001 Brickell Bay Drive, #2112 CITY-ST-ZIP: Miami, FL 33131 ☐ Delete	TITLE / NAME: managing member STREET ADDRESS / CITY-ST-ZIP: ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ☐ Change ☐ Addition

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: Sam Young, Sam Young, Member 4.24.02 305-373-5411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)