FILED

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

## DOCUMENT #L0100009706

1. Entity Name

CITY-ST-ZIP

**SIGNATURE:** 

150 OFFICE GROUP, LLC

					U3 CEE	30 AMI	1:28		
Principal Plac	ce of Business	Mailing Address			00 SLI	JU MILL	1. 20		
**** ***** *****		15499 WEST DIXIE HIGHWAY NORTH MIAMI BEACH FL 33162			SECRE TALLAH	TARY- <del>01</del> ASSEE.F.	STAIL LORIDA	A Mulano milan	)  <b>                                    </b>
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City 9 Chata		O'h a Obah				05 440000	^		
City & State		City & State		4.	. FEI Number	65-112368	9		oplied For ot Applicable
Zip Country		Zip	Zip Country		. Certificate of	Status Desired		\$5.00 Add Fee Require	
	6. Name and Address of Current R	egistered Agent			. Name and Ac	Idress of New I	Registered	i Agent	
KUR	ZMAN, RHODA		Name						
1549	99 WEST DIXIE HIGHWAY	Street Address			(P.O. Box Number is Not Acceptable)				
NUH	ITH MIAMI BEACH FL 33162				09/30/0	10234 301035	006	**50.00	)
	÷		City				F	L Zip Cod	е
	e named entity submits this statement for tions of registered agent.	the purpose of changing its	registered office	or registered a	agent, or both, i	n the State of Fl	orida. I am	n familiar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE	E: Registered Agent sign	nature required when	n reinstating)		DATE		
		Make Check Payabl Due By	OW!!! FEE IS e to Florida D September 24	epartment o	of State				
9.	MANAGING MEMBER		10.	_		ADDITIONS	/CHANGE	is	
TITLE	MGRM	☐ Delete	TITLE					☐ Change	☐ Addition
NAME	KURZMAN, JOHN 15499 WEST DIXIE HIGHWAY		NAME	_					
STREET ADDRESS CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162		STREET AODRESS CITY-ST-ZIP	5					
TITLE	MGRM	☐ Delete	TITLE	+				Change	Addition
NAME	KURZMAN, RHODA	<u> </u>	NAME					ordings	
STREET ADDRESS	15499 WEST DIXIE HIGHWAY		STREET ADDRESS	s					
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162		CITY-ST-ZIP						
TITLE	MGRM-	☐ Delete	TITLE				-	☐ Change	☐ Addition
NAME	KORFIN, STEVEN		NAME						
STREET ADDRESS			STREET ADDRESS	s					
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	·	CITY-ST-ZIP						
TITLE	MGRM	☐ Delete	TITLE					☐ Change	☐ Addition
NAME	FORTIN LEAVY, SKILES		NAME	.					
STREET ADDRESS	180 N.E. 168TH STREET		STREET ADDRESS	s					
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162		CITY-ST-ZIP						
TITLE	·	☐ Delete	TITLE					☐ Change	Addition
NAME			NAME	.					
STREET ADDRESS			STREET ADDRESS	8					
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE	· ·	☐ Delete	TITLE					Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS						
OTHER MUDDEGO	i		■ SINCELADURESS	, ,					

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.