2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State
04-30-2002 90135 032 ****55.00

DOCUMENT # L01000010024

1. Entity Name
GEDESCO L.L.C.

Principal Place of Business	Mailing Address
2036 QUAIL ROOST DRIVE WESTON FL 33327	2036 QUAIL ROOST DRIVE WESTON FL 33327

[redacted]

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1960-12 North Commerce Prkwy	1960-12 N. Commerce Prkwy
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Weston FL.	City & State: Weston, FL
Zip: 33326 · Country	Zip: 33326 · Country

4. FEI Number: 65-1159383 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WLMC REGISTERED AGENTS, INC.
80 SW 8TH STREET, 31ST FLOOR
MIAMI FL 33130

7. Name and Address of New Registered Agent

Name: Ayubi, German E.
Street Address (P.O. Box Number is Not Acceptable): 2036 Quail Roost Drive
City: Weston FL Zip Code: 33327

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: [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 Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AYUBI, GERMAN E 2036 QUAIL ROOST DRIVE WESTON FL 33327	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (9/01)

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: [signature] Apr. 17/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE · Date · Daytime Phone #