

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90026 042 ****50.00

DOCUMENT # L01000010603

1. Entity Name

KING BEACH, L.L.C.



Principal Place of Business

**4040 GALT OCEAN DR
SUITE 719
FT LAUDERDALE FL 33308**

Mailing Address

**4040 GALT OCEAN DR
SUITE 719
FT LAUDERDALE FL 33308**

2. Principal Place of Business

4040 GALT OCEAN DR

Suite, Apt. #, etc.

SUITE 916

City & State

FT LAUDERDALE

Zip

33308

Country

USA

3. Mailing Address

4040 GALT OCEAN DR

Suite, Apt. #, etc.

SUITE 916

City & State

FT LAUDERDALE

Zip

33308

Country

USA

6. Name and Address of Current Registered Agent

**GARCIA, ANTONIA
2588 SW 27TH AVE
MIAMI FL 33137**

7. Name and Address of New Registered Agent

Name
GARCIA, ANTONIO

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

2588 SW 27TH AVE

City
MIAMI - FL

FL

Zip Code

33133

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)

2/3/03

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE
MGR
NAME
LASSEN, JORGE
STREET ADDRESS
4040 GALT OCEAN DRIVE
CITY-ST-ZIP
FORT LAUDERDALE FL 33308

☐ Delete

TITLE
MGR
NAME
LARSEN, ALICIA
STREET ADDRESS
4040 GALT OCEAN DRIVE
CITY-ST-ZIP
FORT LAUDERDALE FL 33308

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

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TITLE

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STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

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

2/3/03

Date

Daytime Phone #

CR2E083 (10/02)