2/: 2/5

FILED Apr 18, 2002 8:00 am Secretary of State

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000010605 1. Entity Name R.S.C.D.A., LLC										2002 90058 04	1 ****50.0)0
Principal Plac	e of Busines	13	Ma	ailing Address								
3485 SHERIDAN AVE MIAMI BEACH FL 33140				3485 SHERIDAN AVE MIANI BEACH FL 33140					_ {			
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.					DO NOT WRITE	IN THIS SPACE		
City & State				City & State				4. FEI Number Applied For Not Applied For Not Applied For				
Zip Country			Zip Coun			ntry		Certificate of Status Desired				
	and Address of Current	tegist	ered Agent			7. Nam	e and Address of New Re	gistered Agent		ĺ		
=====	TO DATE		 .	ے - رہ نے مستعمد در بازی د دیتے	 نب	Name						
VIVIES, PATRICK 700 E DANIA BEACH BLVD						Street	Address (P.O. Box Number is Not Acceptable)					j
SUITE 202 Dania Fl. 33004												
		••						FL Zip Code			de e	
6. The above	named entit	y submits this statement for	the pu	Urpose of changing its	register	ed office o	ı registere	d agent,	or both, in the State of Flori	da.		
	•			•					•		1	
SIGNATURE.	Signature, typed	or printed nerve of registered agent a	nd tide if	Applicable. (NOTE	: Registere	d Agent signed	fore required w	non reinstad	ng)	CATE		
FILE NO Make Check Pay							tment of	State				
9,		MANAGING MEMBER	S/MA		10.				ADDITIONS/C	HANGES		
TITLE NAME STREET ADDRESS	MGR Dokus GIRARD, ANNE-EMMANUELLE 3485 SHERIDAN AVE					E Et adoress				Change	☐ Addition	CR2E083 (9/01)
CITY-ST-ZIP	MIAMILE	EACH FL 33140		☐ Delate	CITY	- ST-ZIP				☐ Change	Addition	뽔
NAME STREET ADDRESS CITY-ST-ZIP					MAME STREET ADDRESS CITY-5T-ZIP					D orange		Ū
TITLE										Change .	Addition	_
-STREET ADDRESS			· -··	KAMI								
CITY-ST-ZIP						ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZP				☐ Delete						☐ Change	Addition	
TITLE				☐ Delete	TTLE					☐ Change	Addition	
NAME CTREET ADORSON					KAME						}	
CITY-ST-OP					•	ST-ZIP					1	
TITLE		· · · · · · · · · · · · · · · · · · ·		☐ Celete	TITLE					Change	Addition	
NAME STREET ADDRESS					HAME							
CITY-SI-ZIP					1	T ADDRESS ST-ZIP						
indicated a	on this report	Information supplied with the is true and accurate and they or the receiver or trustee	at my	tionature shall have it	A SAME	legal effec	ct as if mac	lø under :	7(3)(I), Horida Statutes, I fur oath; that I am a managing ida Statutes.	thei certify that the in member or manager	formation of the	
SIGNATURE: 130 02 SIGNATURE AND TYPED OR PROTECT NAME & SIGNAM MANAGING MEMBER, MANAGING OR AUTHORIZED MEMBERS STATEMENTATION DIES DOCUMENTORS												
				1/4/0			/	 -		•		