LIMITED LIABILITY COMPANY LINIFORM BUSINESS REPORT (UBR)

FILED Jun 24, 2002 8:00 am Secretary of State

				06-24-2002 90296 039 ****50.00		
DOCUI 1. Entity Nam	MENT # LOICOCO	1852		00 21 2002 30230 033 30.00	,	
HURA	en Brands l	رد.	(
				969254		
	DO NOT WRITE	IN THIS S	PACE			
2. Principal P	lace of Business	3. Mailing Address				
	21 Park Ave. South 327 Park Ave. Suite, Apt. #, etc.		Me. DOUTH	DO NOT WRITE IN THIS SPACE		
<u>#3</u>		City & State		4. FEI Number Applied For		
City & State	4014. NY	New York.		90-0019 09 Not Applica		
Zip 10010	Country USA	Zip	Country USA	5. Certificate of Status Desired Status Desired Fee Required		
100.0				7. Name and Address of Current Registered Agent	_	
DO NOT WRITE IN THIS SPACE			***************************************	Name Trwin Newman Street Address (P.O. Box Number is Not Acceptable)		
			Alia De L			
				Sus Corporate Blvd, Suite 414		
	1			oca Raton FL Zip Code 38431		
8. The above	named entity submits this statement fo			gistered agent, or both, in the State of Florida.		
SIGNATURE .	Signature, typed or or hard name of registered agent a		U NEWMA	N 5/16/02		
	Signature, typed or of the finame of registered agent a	***************************************	FEE IS \$50.00	Nagona garangan garan		
		Make Check F	Payable to Départme	ant of State		
	MANAGING MEMBE		DUE BY MAY 1		_	
9. TITLE	MGR	R5/MANAGER5	mile - 1	A STATE OF THE STA	42/04)	
NAME	KEN DECKINGER 327 PARK AVE SOUTH #3.		NAME A			
STREET ADDRESS CITY-ST-ZIP	DEM 1084, D1 10010		STREET ADDRESS City+St-zip4		E083E	
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CITY-ST-ZIP			CITY-ST-ZIP		*	
امصومه المسا	certify that the information supplied with I on this report is true and accurate and ability company or the receiver or truster	that my cianatura shall have	ie the same legal effect.	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information as if made under oath; that I am a managing member or manager of the Chapter 608, Florida Statutes.	n	