

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90609 042 ****50.00

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L 01000012808

1. Entity Name

DRYX NV, LLC.

DO NOT WRITE IN THIS SPACE

958309

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9574 NW 41st street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FLORIDA

City & State

Zip

33178

Country

USA

Zip

Country

4. FEI Number

65-1126296

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

ARNOLD SEGRODO

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

9574 NW 41st street

City

Miami

FL

Zip Code

33178

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IN THIS SPACE**

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

ARNOLD SEGRODO

ARNOLD SEGRODO, MANAGING DIRECTOR

5-1-2002

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MANAGING DIRECTOR
ARNOLD SEGRODO
9574 NW 41st street
MIAMI, FLA 33178

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

ARNOLD SEGRODO

ARNOLD SEGRODO

5-1-2002 305-779-7930

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

Date

Daytime Phone

CR2E083B (12/01)