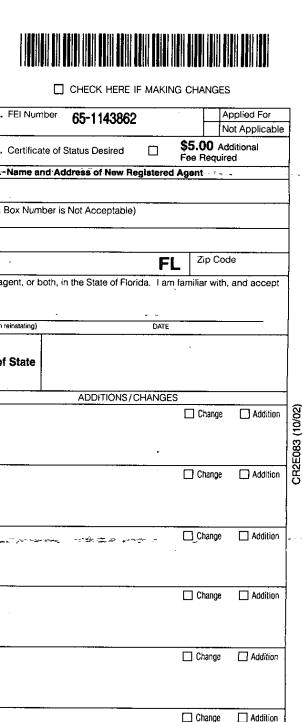
2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000014840



1. Entity Name 03-05-2003 90299 004 ****50.00 B&L. LLC Principal Place of Business Mailing Address 3840 KENT COURT 3840 KENT COURT **MIAMI FL 33133 MIAMI FL 33133** HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-1143862 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ----- 7.-Name and Address of New Registered Agent Name MIAMI CENTER REGISTERED AGENTS, LLC Street Address (P.O. Box Number is Not Acceptable) 201 S. BISCAYNE BLVD., SUITE 1700 **MIAMI FL 33131** City Zip Code 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) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES **MGRP** TITLE □ Delete TITLE ☐ Change ☐ Addition NAME LIPP, ROBERT NAME STREET ADDRESS STREET ADDRESS 9 ASPEN CT CiTY-ST-ZIF CITY-ST-ZIP **BOYNTON BEACH FL 33436** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition Delete _ ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED Mar 05, 2003 8:00 am Secretary of State



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 in trustee empowered to execute this report as required by Chapter 608. Florida Statutes.

SIGNATURE:

MANAGER, OR AUTHORIZED REPR