## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L01000016217

1. Entity Name



FILED Apr 14, 2003 8:00 am Secretary of State 04-14-2003 90745 005 \*\*\*\*50.00

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20.   Find   Place of Business   2.   Maring Address   Suite, April 4, etc.   Check Here   Making CHANGES	Principal Plac	e of Business	Mailing Address		<u> </u>	]					
CHECK HERE IF MAKING CHANGES	500 S YONGE ST		500 S YONGE ST					44.11			
City & State	2. Principal Place of Business		3. Mailing Address								
Country	Suite, Apt. #, etc.		Suite, Apt. #, etc.			1	☐ CHECK HER	E IF MAKING	CHANGES		
Country Zip Country 5. Country 5. Contribute of Status Desired   \$5.00 Actional Fee Requision  On Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent	City & State		City & State		4. FEI Num	ber <b>59-37487</b>	78	— <del></del>		]	
WERTMAN, STEVE 500 S YONGE ST ORMOND BEACH FL 32174  City FL Zip Code  City FL Zip C	Zip	Country	Zip	Cour	ntry	5. Certifica	te of Status Desired		\$5.00 Add	ditional	1
Name		6. Name and Address of Curre	nt Registered Agent			7. Name an	d Address of New				ľ
Size Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  City FL Xip Code		····			Name						1
City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am naminar with, and accept the obligations of registered agent.  SIGNATURE    Symptoms Ayead or printed stance of registered agent and this is applicable.   INDITE Registered Agent syntate required when relicitating)   DATE	500 S YONGE ST				Street Address (	P.O. Box Num	per is Not Acceptab	ie)	· · ·	<del> </del>	}
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature	UKM	IUNU BEACH FL 321/4		•							1
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9.			ł .			nt of State					
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		ertify that the information supplied	ith this filing does not qualify			ction 119 07/3	Vi). Florida Statutes	I further certif	fy that the in	nformation	1

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** THORIZED REPRESENTATIVE

Date

Daytime Phone #