

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90079 031 \*\*\*\*\*50.00

**DOCUMENT # L01000017137**

1. Entity Name

**EFCOAWARDS, LLC**



Principal Place of Business

Mailing Address

18151 N.E. 31ST COURT, SUITE 904  
AVENTURA FL 33160-2600

18151 N.E. 31ST COURT, SUITE 904  
AVENTURA FL 33160-2600

2. Principal Place of Business

3. Mailing Address

4800 NW 167th St

4800 NW 167th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami FL

Miami

Zip

Country

33014 Miami-Dade

Zip

Country

FL 33014 Miami-Dade

4. FEI Number 65-1147601

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FROELICH, LESLIE J  
18151 N.E. 31ST COURT, SUITE 904  
AVENTURA FL 33160-2600

Name Froelich, Leslie J.

Street Address (P.O. Box Number is Not Acceptable)  
4800 NW 167th St.

City Miami

FL

Zip Code

33014

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**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FROELICH, ABRAHAM D 18151 N.E. 31ST COURT, SUITE 904 AVENTURA FL 33160-2600	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS FROELICH, ABRAHAM D 18151 N.E. 31ST COURT, SUITE 904 AVENTURA FL 33160-2600	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT FROELICH, LESLIE J 18151 N.E. 31ST COURT, SUITE 904 AVENTURA FL 33160-2600	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Froelich, Abraham D. 4800 NW 167th St. Miami, FL 33014	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS Froelich, Abraham D. 4800 NW 167th St. Miami, FL 33014	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT Froelich, Leslie J. 4800 NW 167th St. Miami, FL 33014	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Leslie J. Froelich

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

4/23/03

Date

(305) 474-5133

Daytime Phone #

CR2E083 (10/02)