

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

FILED
Sep 30, 2002 8:00 am
Secretary of State

09-30-2002 90172 012 ****50.00

DOCUMENT # L01000017921

1. Entity Name

Miami loop, LLC

DO NOT WRITE IN THIS SPACE

981180

2. Principal Place of Business

8216 N.W. 44th Street

Suite, Apt. #, etc.

3. Mailing Address

8216 NW 44th Street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Coral Springs FL

City & State

Coral Springs FL

4. FEI Number

65-1150657

Applied For

Not Applicable

Zip

Country

33065

Zip

Country

33065

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Mojan Kazemi

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

8216 N.W. 44th Street

City

Coral Springs

FL

Zip Code

33065

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

Signature, typed or printed name of registered agent and title if applicable.

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
Manager
Zach Schlachter
18865 64th Ave
Chippewa Falls, WI 54729

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Manager
Kurt Stange
1025 67th Ave
Chippewa Falls, WI 54729

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Rachael Hennrichsen (Manager)
2502 Rivington Terrace
Harrisburg, PA 17103

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Manager
Mojan Kazemi
8216 N.W. 44th Street
Coral Springs, FL 33065

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Kurt Stange

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

Sep 26 2002 305-609-5888

Date

Daytime Phone #

CR2E083B (12/01)