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May 07, 2002 8:00 am
Secretary of State
05-07-2002 90388 036 ****50.00

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LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000018279

1. Entity Name
BRISTOLCARE, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
GROVE ISLE MARINA
Suite, Apt. #, etc.
4 GROVE ISLE DRIVE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State: COCONUT GROVE
Zip: 33133
Country: DADE

City & State: FLORIDA
Zip:
Country:

4. FEI Number: 65-1148844 ☐ Applied For ☐ Not Applicable

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: SAM. YOUNG
Street Address (P.O. Box Number is Not Acceptable): BRITO & YOUNG
1001 BRICKELL BAY DR. STE 2112
City: MIAMI FL Zip Code: 33131

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

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	PRESIDENT MGRM JOHN REITZAMMER 2501 BRICKELL AVE #402 MIAMI, FL 33133
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CR2E083B (12/01)

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: JOHN REITZAMMER 4/30/02 305-790-9709
SIGNATURE AND TYPED OR PRINTED NAME OF MGRM MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Title — Daytime Phone #