LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L 0 / 00009211 1. Ertity Name				FILED		
Mcdath Consulting				2002 OCT 16 AM 9: 42		
				DIVISION OF COR	DIVISION OF CORPORATIONS ALLAHASSEE, FLORIDA	
DO NOT WRITE IN THIS SPACE				ALLAHASSEE, FLORIDA		
2. Principal Place of Business LORIDA 3. Mailing Address 465 Ocean drive						
Suite, Api. #, etc. 1108 Suite, Api. #, etc. // 0			08	DO NOT WRITE IN THIS SPACE		
MIAM ZID	City & State Ci		ch, H	4 FEI Number (5-1152239	Applied For Not Applicable	
3	3139 "USA	<u> </u>	Collifity USA	Certificate of Status Desired Name and Address of Current Registered	\$5.00 Additional Fee Required	
DO NOT WRITE				ATTHEW Krac		
IN THIS SPACE				P.O. Box Number is Not Acceptable)		
City MiAmi Reach FL Zip Cools 33/39						
8. The abov	ve named entity submits this statement for	the purpose of changing its r	registered office or regis	tered agent, or both, in the State of Florida.		
Signature, typed or printed name of registered agent and title if applicable. DATE Signature, typed or printed name of registered agent and title if applicable.						
Make Check Payable to Department of State						
9.	MANAGING MEMBER	S/MANAGERS			di mili al-Cere i Mili bridore e escer	
HITE	president		ime openie			
NAME STREET ADDRESS CITY-ST-ZIP	MATTHEW Krac 465 Oceandrive MIAMI Beach	NOS.	NAME STREET ADDRESS	111111111111111111111111111111111111111	T T T T T T T T T T T T T T T T T T T	
TITLE	MIAMI Deach	H 33139	CITY-ST-200-2	<u> 10/16/12</u>		
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NAME		·	AME .	IN THIS SPAC		
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NAME STREET ADDRESS	Į					
CITY-ST-ZIP		* *species	STREET ADDRESS CITY - STI-ZIP			
NAME STREET ADDRESS			NAME SPREET ADDRESS			
11. hereby o	certify that the information supplied with thi	s filing does not qualify for th	CIY-ST-ZIP	ection 119.07(3)(i). Florida Statutes, I further certify	that the information	
11. Thereby 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: SIGNATURE AND TYPED ON PRINTED NAME OF SIGNAND MANAGOND MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE OF DEPT. DEPT. Prop. 5						