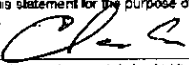


FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90079 022 ****50.00

2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000019432			
1. Entity Name CHEMY 1905, LLC			
Principal Place of Business 3700 N.W. 62ND AVE., NO. 107 MIAMI, FL 33166		Mailing Address 3700 N.W. 62ND AVE., NO. 107 MIAMI, FL 33166	
2. Principal Place of Business 2135 NORMANDY DR. Suite, Apt. #, etc. 312-A		3. Mailing Address 2135 NORMANDY DR. Suite, Apt. #, etc. 312-A	
City & State MIAMI BEACH FL		City & State MIAMI BEACH FL	
Zip 33141		Zip 33141	
4. FEI Number 65-1153547		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent BALAYLA, CHARLIE 3700 N.W. 62ND AVE., NO. 107 MIAMI, FL 33166		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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:  CHARLIE BALAYLA 4/24/03 Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when re-registering)			
FILE NOW IN FEE IS \$50.00 Make Check Payable to the Florida Department of State DUE BY MAY 1, 2003			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT BALAYLA, CHARLIE 3700 NW 62 AVE #107 MIAMI, FL 33166 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2135 NORMANDY DR #312-A MIAMI BEACH, FL 33141 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS LEONARDI, EMILY 3700 NW 62 AVE #107 MIAMI, FL 33166 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2135 NORMANDY DR #312-A MIAMI BEACH, FL 33141 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 included 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 508, Florida Statutes.			
SIGNATURE:  4/24/03 786-210-1049 Signature and typed or printed name of signing managing member, manager or authorized representative. Date Daytime Phone		CHARLIE BALAYLA	

10103329



☒ CHECK HERE IF MAKING CHANGES

CR2E03 (10/02)