

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

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90025 009 ****50.00

DOCUMENT # L01000021113

1. Entity Name

AAA PROPERTIES, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1730 S. FEDERAL HIGHWAY SUITE 205

3. Mailing Address

1730 S. FEDERAL HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

205

DO NOT WRITE IN THIS SPACE

City & State
DELRAY BEACH, FL.

City & State
DELRAY BEACH

4. FEI Number
65-1157468

Applied For
☐ Not Applicable

Zip
33483

Country
USA

Zip
33483

Country
USA

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
ARPAD TOTTH

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

1730 S. FEDERAL HIGHWAY

SUITE 205

City
DELRAY BEACH

FL

Zip Code
33483

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 *Arpad Totth*
Signature typed or printed name of registered agent and title if applicable.

ARPAD TOTTH

4-1-02
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
EXECUTIVE DIRECTOR/MEMBER
ARPAD TOTTH
1730 S. FEDERAL HIGHWAY SUITE 205
DELRAY BEACH, FLORIDA 33483

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DIRECTOR/MANAGER
ROY W. TALLING
1730 S. FEDERAL HIGHWAY SUITE 205
DELRAY BEACH, FLORIDA 33483

TITLE
NAME
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)(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: *Arpad Totth* ARPAD TOTTH

Date

Daytime Phone #

4-1-02

561-573-4250

CR2E083B (12/01)