FILED
Jun 25, 2002 8:00 am
Secretary of State
05-22-2002 90211 031 ****50.00

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[redacted]

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

1. Entity Name: ANGLO RAJ COLLECTIONS, LLC

L01000021216

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9608 N.E. 2nd Ave	9608 N.E. 2nd AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33138 Country: MIAMI DADE	Zip: 33138 Country: MIAMI-DADE

DO NOT WRITE IN THIS SPACE

4. FEI Number: 01-0560477 — 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: KELLEYS. ROARK
Street Address (P.O. Box Number is Not Acceptable): 9608 N.E. 2ND AVE
City: MIAMI FL Zip Code: 33138

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: Kelley S Roark 4/29/02
Signature, typed or printed name of registered agent and title if applicable — Date

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Kelley Roark 9608 NE 2nd Ave Miami, FL - 33138.	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E033 (12/01)

MGRM

11. I hereby certify that the information [illegible] 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: Kelley S Roark 4/29/02 (305) 754-4557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

KELLEYS. ROARK

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