

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

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90062 044 *****55.00

DOCUMENT # L01000021251

1. Entity Name

TOGLOST INVESTMENTS, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

20331 NE 20 PL

Suite, Apt. #, etc.

City & State
Miami FL

Zip

33179

Country

Miami-Dade

3. Mailing Address

20331 NE 20 PL

Suite, Apt. #, etc.

City & State
Miami FL

Zip

33179

Country

Miami-Dade

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1158016

Applied For

Not Applicable

5. Certificate of Status Desired

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\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Eliot W. Rifkin, Esq.

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

9400 So. Dadeland Blvd

Ste 600

City

Miami

FL

Zip Code

33156

**DO NOT WRITE
IN THIS SPACE**

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

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

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	President Tom Roses 20331 NE 20 PL Miami, FL 33179	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Stephen R. Tittleman 1528 Yellowheart Way Hollywood, FL 33019	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer Gloria Romero Roses 20331 NE 20 PL Miami, FL 33179	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:

Gloria Romero Roses

Gloria Romero Roses

Date

2/13/02

Daytime Phone #

305-904-3852

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083B (12/01)