

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

**FILED**  
**Feb 24, 2002 8:00 am**  
**Secretary of State**

02-24-2002 90085 009 \*\*\*\*50.00

**DOCUMENT #** L01000021424

**1. Entity Name**

LEXI FINANCING LLC

**DO NOT WRITE IN THIS SPACE**

927817

**2. Principal Place of Business**

3550 BISCAYNE BLVD

**3. Mailing Address**

SAME

Suite, Apt. #, etc.

STE. 310

Suite, Apt. #, etc.

**City & State**

MIAMI, FL

**City & State**

**Zip**

33137

**Country**

USA

**Zip**

**Country**

**4. FEI Number**

65-1156986

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$5.00 Additional  
Fee Required**

**7. Name and Address of Current Registered Agent**

**Name** JOSEPH MAENZA

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

3550 BISCAYNE BLVD # 310

**City** MIAMI

**FL**

**Zip Code**

33137

**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**

JOSEPH MAENZA

2-13-02

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** MANAGING MEMBER  
**NAME** JOSEPH MAENZA  
**STREET ADDRESS** 3550 BISCAYNE BLVD # 310  
**CITY-ST-ZIP** MIAMI, FL 33137

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**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:**

JOSEPH MAENZA

2/13/02

305-573-4634

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

Date

Daytime Phone #

CR2E083B (12/01)