

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2003 8:00 am
Secretary of State
08-14-2003 90047 010 ****50.00

0002231

DOCUMENT # L01000021651

1. Entity Name

MADAME'S, LLC



Principal Place of Business

~~100 LINCOLN ROAD, #1127~~
~~C/O JASON SLIMAN~~
~~MIAMI FL 33139~~

Mailing Address

~~100 LINCOLN ROAD, #1127~~
~~C/O JASON SLIMAN~~
~~MIAMI FL 33139~~

2. Principal Place of Business

239 Sunny Isles Beach Blvd

Suite, Apt. #, etc.

City & State

Sunny Isles, FL

Zip

33160

Country

USA

3. Mailing Address

(Same)

Suite, Apt. #, etc.

City & State

(Same)

Zip

(Same)

Country

(Same)

4. FEI Number **65-1158547**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SLIMAN, JASON

~~100 LINCOLN ROAD, #1127~~
~~MIAMI FL 33139~~

7. Name and Address of New Registered Agent

Jason Sliman

18950 North Bay Rd #2503

City

Sunny Isles Beach FL

Zip Code

33160

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

Jason Sliman

(NOTE: Registered Agent signature required when reinstating)

8/3/03

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	PEREZ, RUBIN	
STREET ADDRESS	1865 79TH STREET CAUSEWAY, APT. 7C	
CITY-ST-ZIP	NORTH BAY VILLAGE FL 33141	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	SLIMAN, JASON	
STREET ADDRESS	100 LINCOLN ROAD, #1127 18950 N BAY RD	
CITY-ST-ZIP	MIAMI FL 33139 Apt # 2503 Sunny Isles Beach FL	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	BUSBY LYMAN	
STREET ADDRESS	1336 North East 14 Ave	
CITY-ST-ZIP	Fort Lauderdale 33304	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	London Lehigh	
STREET ADDRESS	17021 N BAY RD Apt 906	
CITY-ST-ZIP	Sunny Isles Beach FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE OF JASON SLIMAN

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

8/3/03 (25)
798-2781
Date Daytime Phone #

CR2E083 (4/03)