

FILED
Apr 18, 2002 8:00 am
Secretary of State
04-18-2002 90592 001 ***450.00

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

DOCUMENT # L01000022438

1. Entity Name

TVI HALF COMBINED, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

16410 MADDALENA PLACE
Suite, Apt. #, etc.
DELRAY BEACH, FL 33446

16410 MADDALENA PLACE
Suite, Apt. #, etc.
DELRAY BEACH, FL 33446

DO NOT WRITE IN THIS SPACE

City & State 561.496.2123

City & State 561.496.2123

4. FEI Number

☒ Applied For
☐ Not Applicable

(fax) 561.496.6244

(fax) 561.496.6244

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **JEFFREY KUKES**

Street Address (P.O. Box Number is Not Acceptable)
16410 MADDALENA PLACE

DELRAY BEACH, FL 33446

City 561.496.2123

(fax) 561.496.6244

FL

Zip Code

**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 **JFK MANAGER, INC.**
STREET ADDRESS
CITY-ST-ZIP 16410 MADDALENA PLACE
DELRAY BEACH, FL 33446

TITLE
NAME
STREET ADDRESS 561.496.2123
CITY-ST-ZIP (fax) 561.496.6244

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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:

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

**JEFFREY KUKES,
PRESIDENT**

4/10/02 561-496-2123

Date

Daytime Phone #

CR2E083B (12/01)