LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED May 12, 2002 8:00 am Secretary of State

DOCUMENT # LO10000 22485 1. Entity Name LAWRENCE A. LEVING, LLC					05-12-2002 90589 004 ****50.00	
1	AWRENCE A.	LEVING,	LLC			
	DO NOT WRITE					
2. Principal	Principal Place of Business 3. Mailing Address		The state of the s		957897	
Suite, Ap	Suite, Apt. #, etc. Suite, Apt. #, etc.		ME		DO NOT WRITE IN THIS SPACE	
FONT Sta	hauderdale FL	City & State	101-		4. FEI Number	Applied For
Zip 3.7	351 USA	Zip	Country		5. Certificate of Status Desired	\$5.00 Additional Fee Required
		根据的第三元。 1975年第二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十			7. Name and Address of Current Registers	
Same of the second	PO NOTWOLE			ELEV.	INE & SEGAUL, P.A.	
DO NOT WRITE IN THIS SPACE				Street Address (P.O. Box Number is Not Acceptable)		
	IN ITIO SP	AUE	4	300	N. VNIVERSITY	DRIVE
			City	ET 1	AUDENDALE FI	
8. The above	e named entity submits this statement for	the purpose of changing its	registered office	e or registere		3335
SIGNATURE					- ogsin. or osan, in the state of Horida.	
	Signature, typed or printed name of registered agent on	id title if applicable.	ndi Kan Marin, ili kang penggar		DATE	
		Make Check Pa		rtment of	State	
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9. TITLE	MANAGING MEMBER	S/MANAGERS	ता औ€ (8.5%	1000	"我们可能是这些。"他也是一个一个	· Secretaria de la compania
NAME	MGRM	A LEVINO	_ TITLE			ALTERNATION !
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IREET ADDRESS			NAME			
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1. Therebyica	ertify that the information surround with the	o filio Chara	CITY-ST-ZIP	<u> 1750 - 1844</u>	(1) 1 (1) 1	
I. I hereby ce indicated o limited liab	enify that the information suspiled with this on this report is true and a curate and that illity company or the entire or trustee of	s filing does not qualify for the street of	he exemption sta	ated in Section ect as if made by Chapter E	on 119.07(3)(i), Florida Statutes. I further cert e under oath; that I am a managing member 508, Florida Statutes.	ify that the information r or manager of the

MANE OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE