

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

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90011 046 ****55.00

DOCUMENT # L01000022540

1. Entity Name

LOS OLAS LIMO, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

95 FIESTA WAY

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FT LAUD FL

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ **\$5.00** Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MICHAEL MOULIS

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

1100 LEE WAGNER BLVD

City

FT LAUD

FL

Zip Code

33245

**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 MANAGER
NAME THOMAS McDERMOTT
STREET ADDRESS 95 FIESTA WAY
CITY-ST-ZIP FT LAUD FL 33301

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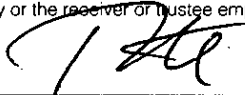
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:



THOMAS McDERMOTT MANAGER

4-25-02 954 525 9747

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

Date

Daytime Phone #

CR2E083B (12/01)