Feb 19 03 01:27p T Con NYPD

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-10-2003 90102 023 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000022567

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1. Entity Name
NYPD Holdings, LLC

Principal Place of Business	Mailing Address
7380 SAND LAKE ROAD SUITE350 ORLANDO FL 32819	7380 SAND LAKE ROAD SUITE350 ORLANDO FL 32819

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
	7931 Bridgestone Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Orlando, Fl.
Zip / Country	Zip: 32835 Country: Orange

4. FEI Number 32-0060957 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FERDERIGOS, MICHAEL 7380 SAND LAKE ROAD SUITE350 ORLANDO FL 32819	Name: Paul Russo Street Address (P.O. Box Number is Not Acceptable): 7380 Sand Lake Rd. Suite 350 City: Orlando FL Zip Code: 32819

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 [signature] Paul Russo 2/3/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR LJP ENTERPRISES,LLC 7380 SAND LAKE ROAD ORLANDO FL 32819 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR [illegible] 7380 Sand Lake Rd. Suite 350 Orlando, Fl. 32819 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR RUSSO, PAUL 7931 BRIDGESTONE DR. ORLANDO FL 32835 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Russo Consulting, Inc. 7931 Bridgestone Drive Orlando, FL 32835 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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] REQUIRED 2/3/03 (407)230 8803
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #