

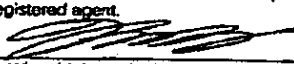
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FILED
Feb 25, 2003 8:00 am
Secretary of State

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

**2003 LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000022567 1. Entity Name NYPD Holdings, LLC			
Principal Place of Business 7380 SAND LAKE ROAD SUITE350 ORLANDO FL 32819		Mailing Address 7380 SAND LAKE ROAD SUITE350 ORLANDO FL 32819	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 7931 Bridgestone Drive Suite, Apt. #, etc.	
City & State		City & State Orlando, FL	
Zip 32835	Country Orange	4. FEI Number 32-0060957 ☒ Applied For Not Applicable	
b. Name and Address of Current Registered Agent FENDERIGOS, MICHAEL 7380 SAND LAKE ROAD SUITE350 ORLANDO FL 32819		7. Name and Address of New Registered Agent 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  Paul Russo DATE 2/3/03 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
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 MGR NAME LIP ENTERPRISES, LLC STREET ADDRESS 7380 SAND LAKE ROAD CITY-ST-ZIP ORLANDO FL 32819	☒ Delete	TITLE MGR NAME PAUL RUSSO STREET ADDRESS 7380 SAND LAKE RD CITY-ST-ZIP ORLANDO, FL 32819	☒ Change ☐ Addition
TITLE MGR NAME RUSSO, PAUL STREET ADDRESS 7931 BRIDGESTONE DR. CITY-ST-ZIP ORLANDO FL 32835	☒ Delete	TITLE MGR NAME PAUL RUSSO STREET ADDRESS 7931 BRIDGESTONE DR CITY-ST-ZIP 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 606, Florida Statutes.			
SIGNATURE:  PAUL RUSSO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date 2/3/03 (407) 230-8822	

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☒ CHECK HERE IF MAKING CHANGES

CR2003 (10/02)