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05-06-2002 90124 041 ****50.00
L01000022622

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
02 OCT 22 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000022622

1. Entity Name

DRL SERVICES OF FLORIDA, LLC

DO NOT WRITE IN THIS SPACE

86838

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
470 ANNANDALE DRIVE	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OYSTER BAY COVE NY	City & State
Zip: 11791 Country: US	Zip Country

4. FEI Number: 11-3133302 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 660 EAST JEFFERSON STREET

City: TALLAHASSEE FL Zip Code: 32301

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: SEE ATTACHED — DATE: 4/26/02
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	CEO	
NAME	LUNEBURG, RICHARD	
STREET ADDRESS	10101 SW 53 AVE	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	DP PRESIDENT	
NAME	LUNEBURG, DONALD	
STREET ADDRESS	470 ANNANDALE DRIVE	
CITY-ST-ZIP	OYSTER BAY COVE, NY 11791	
TITLE		
NAME		
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CR2E083B (12/01)

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] — 4/26/02 — 516-933-4040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #