LIMITED LIABILITY COMPANY 😘 LUNIFORM BUSINESS REPORT (UBR)

L01000022758

DOCUMENT#

SIGNATURE:

LOUIS B. BERNSTEIN, LLC

1. Entity Name

FILED Mar 14, 2002 8:00 am Secretary of State

03-14-2002 90083 012 ****50.00

DO	NOT	WRITE	IN	THIS	SPACE
	1401	441/31	11.4	1111	O: / 10

L	DO NOI WRITE	B0039570							
2. Principal Pl	ace of Business	3. Mailing Address	3. Mailing Address			000	-		
1926 10th Avenue North		1926 10th Avenue North							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
Suite 400		Suite 400							
City & State		City & State			4. 12(10)			Applied For	
Lake Worth, Florida		Lake Worth Florida		a	26-001071	2		Not Applicable	
Zip			Cour	ntry	5. Certificate of Status Desired		\$5.00 Additional		
33461	Palm Beach	33461	Palı	m Beach				ee Required	
					7. Name and Addr	ess of Current Regis	tered	Agent	
DO NOT WRITE				Name Corporate Creations					
DO NOT WRITE					Address (P.O. Box Number is Not Acceptable)				
IN THIS SPACE				941 Fourth Street, #200					
				City Miami Beach			FL	Zip Code 33139	
8. The above	named entity submits this statement	for the purpose of changing i	ts register	ed office or regist	ered agent, or both, in	the State of Florida.			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.						D	ATE		
Make Check Paya				\$50.00 to Department Y MAY 1	of State				
9.	MANAGING MEME	BERS/MANAGERS							
TITLE	President		TtTL	E]					
NAME	Louis B. Bernstei	n	NAN	ME					
STREET ADDRESS 1926 10th Avenue North, Suite 400 Lake Worth, Florida 33461			U	EET ADDRESS /-ST-ZIP					
TITLE?	Secretary		TITL	E					
NAME	Susan B. Bernstei	n	NAA	AE					
STREET ADDRESS	1926 10th Avenue		O STR	EET ADDRESS					

CITY-ST-ZIF CITY-ST-ZIP Lake Worth, Florida 33461 TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP IN THIS SPACE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 expowere to execute this report as required by Chapter 608, Florida Statutes.

AGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

(561) 540-6224, Ext. 130