



4/29/23

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 SEP 10 PM 2:10

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000002132			
1. Entity Name EAST COAST INVESTMENT GROUP, LLC			
Principal Place of Business 1172 S. DIXIE HWY., #507 CORAL GABLES, FL 33146-2918		Mailing Address 1172 S. DIXIE HWY., #507 CORAL GABLES, FL 33146-2918	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CAGLE, PETER B 6701 SUNSET DR., STE. 112 SOUTH MIAMI, FL 33143		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____		Date _____	
Signature, typed or printed name of registered agent and its authorized representative.		(NOTE: Registered Agent signature required when certifying)	
 THIS NOW/NEEDS REASON Make Check Payable to Florida Department of State Date By 10/27/2003			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> New Ben-zion Arhe-mann 77 21 S.W. 53 Ave miami, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Partner Tod Nielsen 1172 S. Dixie Coral Gables FL 33146 600022939465 09/10/03--01082--002 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Ernest Gutierrez J.</u>		Date: <u>9-3-03</u> (305) 282-4510	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

CHIEF REGISTRAR (10/03)
#507
FL 33146
**50.00