FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90580 036 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

30066815

DOCUMENT # L02000004681

1. Entity Name
STRYBUC SOUTH, L.L.C.

Principal Place of Business	Mailing Address
3501 N.W. 107TH STREET MIAMI, FL 33167	3501 N.W. 107TH STREET MIAMI, FL 33167

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
8076 N.W. 74th Ave		2006 Elmwood Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Unit 102 C	
City & State: Medley, FL		City & State: Sharon Hill, PA	
Zip: 33166	Country: Dade	Zip: 19079	Country: Delaware

4. FEI Number: 43-1953114 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS
103 N. MERIDIAN STREET
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

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 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: MGR NAME: Pier Angeli Group Inc. STREET ADDRESS: 2006 Elm wood Ave CITY-ST-ZIP: ~~Sharon Hill, PA 19079~~	☒ 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: John Connolly — 4/28/3 — 610-534-3200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #