2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0200005901

1. Entity Name

SOUTH BEACH HOLDINGS, LLC



FILED Jan 08, 2003 8:00 am Secretary of State 01-08-2003 90122 004 ****50.00

| Principal Plac | e of Business | Mailing Address | | | | | | | | |
|--|--|---|-----------------------|-----------------------|--|---|----------|------------------------|---------------------------|--|
| IIAMI BEACH FL 33141 | | 1870 CLEVELAND ROAD MIAMI BEACH FL 33141 US | AIAMI BEACH FL 33141 | | | 29000715 | | | | |
| • | | 00 | | | | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | I. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | CHECK HERE IF MAKING CHANGES | | | | |
| City & State | | City & State | City & State | | 4. FEI Num | ber 362233 | 7 | | plied For t Applicable | |
| Zip Country | | Zip | Zip Countr | | 5. Certifica | te of Status Desired | | 5.00 Add se Require | | |
| | 6. Name and Address of Currer | nt Registered Agent | | | 7. Name ar | d Address of New Regis | tered Ag | ent | | |
| | DDECT DAVE | | Name | | | | | | | |
| · 1870 | ORREST, DAVID CLEVELAND ROAD | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| MLAN | II BEACH FL 33141 | | | | | | | | | |
| | | • | | City | | | FL | Zip Code | e | |
| 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | |
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| | | FEE IS \$50. orida Depart ay 1, 2003 | .00 tment of State | · | | | | | | |
| 9. | MANAGING MEME | BERS/MANAGERS | 10. | | | ADDITIONS/CH | ANGES | | | |
| TITLE | MGRM | ☐ Delete | TITLE | | | | | Change | ☐ Addition | |
| NAME | DEFORREST, DAVID | · | | | | | | | Ì | |
| STREET ADDRESS | 1070 CEETED HOTE | | | ET ADDRESS | | | | | | |
| CITY-ST-ZIP | MIAMI DEACHTE 30141 | | | -ST-ZIP | | | | | | |
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| NAME Street address | MENG, ANN E | | | E ET ADDRESS | | | | | | |
| CITY-ST-ZIP | OOD TREATE | | | | | | | | | |
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| NAME | | | NAM | | | | | | | |
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| CITY-ST-ZIP | | | | -ST-ZIP | | | | | } | |
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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 a via the same legal effect.

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Miami Beach, FL 33141

Date

1870 Cleveland Rd.

Daytime Phone #