2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Apr 03, 2003 8:00 am Secretary of State 03-19-2003 90045 019 ****50.00

3/:

| 1. Entity Name PINGI INVESTMENTS, L.L.C. | | | | | | 03-17-200. | 90043 013 | , | 30.00 | |
|---|---|--|--|---|--|-------------------------------------|----------------|--------------|------------|-----------------|
| Principal Plac | ce of Business | Mailing Address | Mailing Address | | | | | | | |
| 541 PLOVER AV MIAMI SPRINGS | | 541 PLOVER AVE MIAMA SPRINGS FL 33166 | 541 PLOVER AVE MIAMA SPRINGS FL 33166 | | | | | | | |
| 2. Principal F | Place of Business | 3. Mailing Address | 3. Mailing Address | | | | | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | CHECK HERE IF MAKING CHANGES | | | | | |
| City & State | | City & State | City & State | | 4. FEI Number Applied For Applied For Not Applied For | | | | |]_ |
| Zip | Country | Zip | Country | | | of Status Desired | \$5.0 | | ditional | 1 |
| | 5. Name and Address of C | urrent Registered Agent | | | 7. Name and | Address of New Re | | | | ₫_ |
| SPA | NGLER, NEAL | | L | Name ====== | | | | | | |
| | PLOVER AVE Ni Springs FL 33166 | | [| Street Address (P.O. Box Number is Not Acceptable) | | | | · | | |
| WAFT | MI CHINACO I E CONCO | | . | Na | | | | - 0-4 | | |
| | | ment for the purpose of changing it | | City | | | FL | ip Code | | _ |
| SIGNATURE | Signature, typed or printed name of register | FILE N Make Check Paya | OW!!! FEI | - | | | DATE | | | |
| 9. | MANAGING M | MEMBERS/MANAGERS | 10. | | | ADDITIONS/C | HANGES | | | <u>.</u> |
| TITLE NAME STREET AODRESS | Principal Neal Spang 541 Plover | $A \cup A$ | TITLE NAME STREET A | | | | □ Ch | ange | ☐ Addition | CR2E083 (10/02) |
| CITY-ST-ZIP TITLE | Miami Spring | gs, FL 331C6 □ Delete | CITY-ST- TITLE | ZIP | - | | Ch | ange | Addition | P.F. |
| NAME STREET ADDRESS CITY-ST-ZIP | | and the second of the second | NAME STREET AL | | <u> </u> | a in many a second | | • | | |
| TITLE | | □ Delete | TITLE | | | | □ Ch | ange | Addition | |
| STREET ADDRESS CITY-ST-ZIP | | | STREET AC | | | | | | | |
| NAME STREET ADDRESS | | ☐ Delete | NAME STREET AL | | | | □ ¢ | ange | ☐ Addition | |
| CITY-SI-ZIP TITLE NAME | | ☐ Delete | TITLE NAME | 7)P | | | ☐ Ch | ange | Addition | |
| STREET ADDRESS CITY-ST-ZIP | | | STREET AL | J | | | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delide | TITLE NAME STREET AD CITY-ST-1 | | | | ☐ Ch | ange | ☐ Addition | ! |
| 11. I hereby c indicated limited liat | ertify that the information supplie on this report is true and accurate polity company or the receiver of | ed with this filing does not qualify for to and that my signature shall have frustee empowered to execute this | or the exemption the same leg | on stated in Sec al effect as if ma uired by Chapte | ction 1 19.07(3)(I) ade under oath; er 608, Florida St | that I am a managing atutes. /// |) member or ma | mager | of the | |
| SIGNAT | URE: | WERE SEQU | PED | Sand | (3, | 16/03 3 | 05-887- | 84 | 74 | ı |