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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 18 AM 10: 38

LR 9/18

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000006291

1. Entity Name
LNH, LLC

Principal Place of Business	Mailing Address
~~1252 GLENCREST DRIVE~~	~~1252 GLENCREST DRIVE~~
~~HEATHROW, FL 32746~~	~~HEATHROW, FL 32746~~

2. Principal Place of Business	3. Mailing Address
775 VIA LOMBARDY	775 VIA LOMBARDY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WINTER PARK FL	City & State: WINTER PARK FL
Zip: 32789 Country:	Zip: 32789 Country:

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 27-0004889 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VALDES MARTIN, MIRTHA CPA 1321 ARBOR VISTA LOOP #125 LAKE MART, FL 32746	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 $100.00
Make Check Payable to Florida Department of State
Fee Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HIRESH, LOU LOU ~~1252 GLENCREST DRIVE~~ 775 VIA LOMBARDY ~~HEATHROW, FL 32746~~ WINTER PARK FL 32789 ☐ 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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 4-28-03 (407) 647-6907

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #