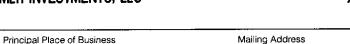
2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0200006400

M2R INVESTMENTS, LLC

Sep 02, 2003 8:00 am Secretary of State

05-02-2003 90567 001 ****50.00 09-02-2003 90123 019 ****50.00



12937 WEST OKEECHOBEE ROAD CONDOMINIUM D. UNIT NO. 283 HIALEAH GARDENS FL 33016

12937 WEST OKEECHOBEE ROAD CONDOMINIUM D. UNIT NO. 283 HIALEAH GARDENS FL 33016

	<u></u>						
2, Principal P	ace of Business W. Okeahobee Rd	3. Mailing Address 12913 (1) OKer	chobee Ro	/		JI 10 11 1 11 1	
Suite, Apt. #, etc. Suite, Apt. #, etc.			CHOBLE W.	☐ CHECK HERE IF MAKING CHANGES			
Higher Grardens Fl Holan Ga			dens. FL	4. FEI Number	<u> </u>	plied For at Applicable	
330	118. Country A	33018	Couply SA.	5. Certificate of Status Desired	S5.00 Add Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New F	7. Name and Address of New Registered Agent		
12937 CONT HIALE	HJOHN, ZANIM RALPHY WEST OKEECHOBEE ROAD DOMINIUM D, UNIT NO. 283 EAH GARDENS FL 33016		Suite 61 Cityl aloahy Gardens FL Zipg 2018.				
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 grinted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remarkating) DATE							
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 24, 2003							
9.	MANAGING MEMBERS	/MANAGERS	10.	ADDITIONS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	eahJohn, Zanim Ru 1913 w. Okeechobee Pialeah Gardens, F	lphy Change , Road #61 2 33018	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition i	
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	
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	

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 ilability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

IG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE