## **2005 LIMITED LIABILITY COMPANY** AMENDED ANNUAL-REPORT

SIGNATURE:

SECRETARY OF STATE OF STATE **DOCUMENT # L02000007203** 1. Entity Name 05 JUL 22 AM 10: 10 LOB, LLC Principal Place of Business Mailing Address 1700 SE 15TH ST 1700 SE 15TH ST 103 103 FORT LAUDERDALE, FL 33316 FORT LAUDERDALE, FL 33316 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07182005 Chg-LLC CR2E083 (10/03) City & State Applied For City & State 4. FEI Number 04-3631501 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FLEISHER, DAVID A Street Address (P.O. Box Number is Not Acceptable) 1700 SE 15TH ST #103 FORT LAUDERDALE, FL 33316 City Zip Code FI 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 SIGNATURE Signature, typed or printed name of registered agent and bite if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Amended AR is \$50.00 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE TITLE Delete Change ☐ Addition NAME FLEISHER, DAVID A NAME STREET ADDRESS 1700 SE 15TH ST #103 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33316 CITY-ST-7IP MGRM TITLE ☐ Delete TITLE ☐ Change Addition SEXTON, DAVID W III NAME NAME 900058055529 07/23/05--01076--002 \*\*55.00 STREET ADDRESS 1313 MANDARIN ISLE STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33315 CITY-ST-ZIP MGR TITLE TITLE □ Delete ☐ Change Addition Jeff Flamm NAME NAME STREET ADDRESS STREET ADDRESS 925 Lemanwood Court CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI F Change **Addition** NAME Howard Flamm NAME STREET ADDRESS STREET ADDRESS 371 Channel side Walk Way CITY-ST-ZIP CITY-ST-ZIP Tampa F1 33602 MGR Addition TITLE ☐ Delete TITLE ☐ Change Bruce Flamm NAME 3098 Lahewood Circle STREET ADDRESS STREET ADDRESS 33339 CITY-ST-ZIP CITY-ST-ZIP FI TITLE Delete TITLE ☐ Change Addition Andrew Sosnowitz NAME NAME Phoenly AZ 850 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 85050 11. 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE