

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 04, 2003 8:00 am
Secretary of State

07-15-2003 90017 042 ****50.00

7/15/

DOCUMENT # L02000007561					
1. Entity Name KINGS INVESTORS I, LLC					
Principal Place of Business 1535 NORTH PARK DRIVE SUITE 103 WEST FL 33326			Mailing Address 1535 NORTH PARK DRIVE SUITE 103 WEST FL 33326		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 01-0654182	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FIELDSTONE, RONALD R 201 ALHAMBRA CIRCLE SUITE 801 CORAL GABLES FL 33134			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) 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/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER ROIF GLASER 6675 WINDSOR LANE MIAMI BEACH, FL 33141	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER KARL HEINRICH REIMERT 1535 N. PARK DR., Ste. 103 WESTON, FL 33326	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER MICHAEL HOLLMANN 1535 N. PARK DRIVE, Ste. 103 WESTON, FL 33326	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER SON HOANG 1535 N. PARK DR., Suite 103 WESTON, FL 33326	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: _____ SIGNATURE REQUIRED 7/11/03 954385-9290					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

CR2E083 (4/03)

Attachment [REDACTED]
JOEL SANDERS & COMPANY, P.A.
CERTIFIED PUBLIC ACCOUNTANTS

1535 NORTH PARK DRIVE
SUITE 103
WESTON, FLORIDA 33328

TEL: (954) 385-9290
FACSIMILE: (954) 385-9284
EMAIL: jscpa1@msn.com

MEMBER: AMERICAN
INSTITUTE OF CERTIFIED
PUBLIC ACCOUNTANTS

MEMBER: FLORIDA
INSTITUTE OF CERTIFIED
PUBLIC ACCOUNTANTS

July 7, 2003

55055647
[REDACTED]
#102000007561

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Kings Investors I, LLC
Document #: 102000007561

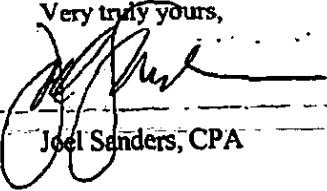
Gentlemen:

I am the accountant for the above referenced taxpayer. Enclosed please find a check, in the amount of \$50.00, for the 2003 Uniform Business Report.

Be advised that the taxpayer never received the original notification.

If there are any questions regarding this matter please feel free to contact me.

Very truly yours,


Joel Sanders, CPA