## 2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR**

Mailing Address

SUITE 400

1111 LINCOLN ROAD

3. Mailing Address

City & State

Zip

MIAMI BEACH FL 33139

Suite, Apt. #, etc.

## DOCUMENT # L0200008703

Country

6. Name and Address of Current Registered Agent

1. Entity Name

IEA CADY. LLC

1111 LINCOLN ROAD

MIAMI BEACH FL 33139

Suite, Apt. #, etc.

City & State

Zip

SUITE 400

Principal Place of Business

2. Principal Place of Business

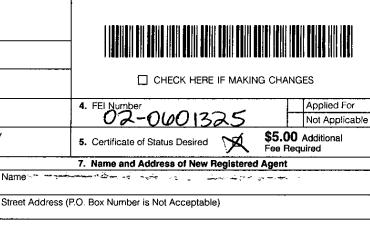
WERNER, MICHAEL B 1111 LINCOLN ROAD



FILED Feb 05, 2003 8:00 am Secretary of State

02-05-2003 90027 043 \*\*\*\*55.00

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SUITE 400 MIAMI BEACH FL 33139 Zip Code City 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 printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. <del>MERM</del> MGRM TITLE ☐ Delete TITLE Werner, Michael B. NAME NAME IIII Lincoln Rd. #400 STREET ADDRESS STREET ADDRESS Miami Beach, FL 33139 CITY-ST-ZIP CITY-ST-ZIP MGRM Garfinkle, Benjamin 1111 Lincoln Rd. #400 ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS Miami Beach FL 33139 CITY-ST-ZIP CITY-ST-ZIP MGRM. Delete \_\_\_ TITLE Addition Sarfinkle, David NAME NAME IIII Lincoln Rd #400 STREET ADDRESS STREET ADDRESS Miami Beach, FL 33139 CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

Country

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 received of the execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

ANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE