2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

May 02, 2003 8:00 am Secretary of State 04-10-2003 90019 030 ****50.00 DOCUMENT # L02000011750 A 1 LAND DEVELOPERS AND DEMOLITION L.L.C. JUUUUTUU Principal Place of Business Mailing Address 3421 S.W. 112 AVE. 3421 S.W. 112 AVE. MIAMI FL 33165 MIAMI FL 33165 2. Principal Place of Business . 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number **3**フー 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 المحمد على المحمد ا ARTAMENDI. ELENA Street Address (P.O. Box Number is Not Acceptable) 3421 S.W. 112 AVE. MIAMI FL 33165 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rainstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM CR2E083 (10/02) TITLE TITLE Change ☐ Addition ☐ Delete ARTAMENDI, ELENA NAME 3421 S.W. 112 AVE. STREET ADDRESS STREET ADDRESS MIAMI FL 33165 CITY-ST-ZIP CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE ☐ Addition ARTAMENDI, HAYDEE 17421 SW 485T SOUTH PREST RANCHES, NAME NAME 15759 N.W. 10 ST. STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 33028 CITY-ST-7IP CITY-ST-ZIP TITLE TITLE Marking Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-21P CRY-ST-ZIP Channe ☐ Addition TITLE ☐ Delete TIT) F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Addition TITLE TITLE ☐ Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE ☐ Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing boes 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 registrature 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 or trustee employered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE