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

DOCUMENT #L02000013028  1. Entity Name  L&L ENTERPRISES, LLC.							03 JUL 16 AM 11: 02					
Principal Plac	e of Busines	s				SECR	Fran	ر. در جا وسال				
7411 NW. 8TH EMBROKE PINE			17411 NW. 8TH STREET PEMBROKE PINES FL 33029			<u> </u>	SECRETARY OF STATE TABLEAHASSEE, FLORIDA					
2. Principal P	lace of Busin	ness	3. Mailing Address									
10021 Pines Blud			Same		EBIIĀN ĀN MĀNA NAN BE		40101 11003	IIIEI <b>Di</b> eil <b>u</b> ein	B) 1811 1881			
Suite, Apt. #, etc. ‡ 6-101			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
Pembroile Pines FL			City & State				Number <b>3</b> 3-10070	3.1			oplied For ot Applicable	э Э
	Zigy Country Brownro		Zip	Zip Count		5. Certificate of Statu		Desired \$5.00 Additional Fee Required				
	6. Name	and Address of Current	Registered Agent			7. Nam	e and Address of	New Reg	istered Ag	ent		7
MOR/	ALES, LUZ	Α			Name		4 .4-0 • 1		- · · - ·	7 H-		
17411 NW. 8TH STREET PEMBROKE PINES FL 33029					Street Ad	et Address (P.O. Box Number is Not Acceptable)						
i civic	),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				City			•	FL	Zip Cod	e	$\dashv$
	1 12		- th	· ! - 4		<u>/</u>	ay bash in the Cant	a of Florid		<u> </u>		_
	named entiti ions of regist		r the purpose of changing i	is register	ed office or s	egistered agent,	or both, in the Stat	e or Fioria	a. Ialiilai	illilai wilii,	and accept	
SIGNATURE .	Signature, typed	or printed name of registered agent a	and title if applicable. (NO	OTE: Registere	ed Agent signatur	e required when reinsta	iting)		DATE			
					FEE IS \$5							٦
			Make Check Paya				ite					
			Due B	ly Septe	mber 24, 2	:003						
9. ′		MANAGING MEMBE	RS/MANAGERS	10.				TIONS/CH	HANGES			$\Box$
TITLE	MGRM		☐ Delete	TITL	£ [	MCUM -	T Secre	TOTLY	C	K Change	Addition Addition	=   =   CR2E083 (4/03)
NAME	MORALES			NAM	IE C	ກຸດເລເ	es, Inz	- ST				2
STREET ADDRESS CITY-ST-ZIP	17411 NW 8TH STREET PEMBROKE PINES FL 33029				EET ADDRESS (-ST-ZIP	PEAND	PEMBRULE PINES, FL 33020			3029	EQ.	
TITLE	MGRM	E FINES FL 33029	₩ Delete	TITL		1 6 77311	VICE FIF	E5,		Change	Addition	: 1 용
NAME	DIAZ, LUZ	. M	PSC Delete	NAM	1				,	onlange		
STREET ADDRESS		8TH STREET		STRE	EET ADDRESS							
CITY-ST-ZIP		(E PINES FL 33029		CITY	-ST-ZIP							
TITLE			☐ Delete	TITL	Ε	MOUM -	PRESIDE	シブ	[	Change	<b>X</b> Addition	1
NAME	**	<b>-</b> : ≠		NAM	1E 🧍	macdo	' VOPIE	S				
STREET ADDRESS					EET ADDRESS	100 Z1 F	olynes 6	wa	, 901	TE C	2-104	
CITY-ST-ZIP				CITY	'-ST-ZIP	b Emp	roile Pin	n E5,	FL	3303	41	_
TITLE			☐ Delete	TITL	E				[	Change	Addition Addition	1
NAME				NAM				•				
STREET ADDRESS					EET ADDRESS							
CITY-ST-ZIP				CHY	'-ST-ZIP	X	<del>- 51111</del>	121				_
TITLE			☐ Delete	TITL	t	ñ	<del>5000</del> 7/16/030	រីកោទិ-	-071 H	Cha <b>nge</b> 非沸:¬.	[_] Addition	1
NAME OTDEET ADDRESS				NAM	IE EET ADDRESS	٠	erande www. 4	- 4 W & W	*******		· ····································	
STREET ADDRESS CITY-ST-ZIP					'-ST-ZIP							- {
			· ·		<del></del>					7 Char	mil Apparation	_
TITLE NAME		•	☐ Delete	TITL					L	Change	Addition	'
STREET ADDRESS					EET ADDRESS			-				
CITY-ST-ZIP					'-ST-ZIP	0						
	ertify that th	e information supplied with	this filing does not qualify t			ed in Section 119	.07(3)(i). Florida St	atutes I fu	rther certifi	v that the i	nformation	$\dashv$
indicatéd	on this repo	rt is true and accurate and	that my signature shall have empowered to execute thi	e the same	e legal effect	t as if made unde	er oath; that I am a					

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Dayling Phone #