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

## FILED Aug 07, 2003 8:00 am Secretary of State 07-28-2003 90064 008 \*\*\*\*50.00

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1. Entity Nam	MEN I # LO20000  ARROT ENTERPRISES, LLC	13659							
Principal Place of Business		Mailing Address	Mailing Address				_		
301 SE 4TH STREET POMPANO BEACH FL 33080		301 SE 4TH STREET POMPANO BEACH FL 33060		. 1 <b>98</b> (1	55	0535 <b>4</b> 7	) Pitti <b>n</b> lant t <b>ha</b> t		
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES					
City & State		City & State			4. FEI Nun	nber 87-0687	8/2	pplied For lot Applicable	
Zip	Country	Zlp	Country	ļ	5. Certifica	ate of Status Desired	\$5.00 Ac		
<u> </u>	8. Name and Address of Current I	Registered Agent		ا <del>نین ت</del> ــــــــــــــــــــــــــــــــــــ	7. Name a	nd Address of New Regist		<u> </u>	1
um c	SON, MICHAEL		Nam	0					-
301	SUN, MICHAEL SE 4TH STREET IPANO BEACH FL 33060		Stree	Street Address (P.O. Box Number is Not Acceptable)					1
	I ATO DENOTTE SOON								}
			City				FL Zip Cod	de	]
6. The above the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its	s registered office	or registere	ed agent, or t	ooth, in the State of Florida.	I am familiar with	and accept	1
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable (NOT	E: Registered Agent sig	nature required v	when reinstaling)		MATE		
FILE NOW Make Check Payable t Due B				epartmen	nt of State				
9.	MANAGING MEMBER	RS/MANAGERS	10.		12.4	ADDITIONS/CHAP	(GES		۱_
TITLE NAME		Delete	TITLE NAME	I Mick	ARI W	MEMBER	Change	Addition	180
STREET ADDRESS CITY-ST-ZIP		,	STREET ADDRES	י מו	& 4th	Street Each FL 33060			CR2E083 (10/02
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TITLE		☐ Delete	CITY-ST-ZIP	MAN	16ING	icach, FL 3301 MEMBER	Change	Addition	
STREET ADDRESS CITY-ST-ZIP		ينها المتحقق والمتحارب المتحاث المتحادث	NAME STREET ADDRES CITY-ST-ZIP	>	CORPOVA	DALE, FL 3331			
TITLE NAME		☐ Delete	TITLE		LAUDER	MACONEL SSSI	Change	☐ Addilion	
STREET ADORESS CITY-ST-ZIP			STREET ADDRES	s				ļ	
TITLE ,		Delete	TITLE NAME	<del> </del>			Change	☐ Addition	
STREET ADDRESS City-St-zip			STREET ADDRESS CITY-ST-ZIP	s   				]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE  NAME  STREET ADDRESS  CHY-ST-ZIP	i i			☐ Change	Addition	İ
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 it made under oath; that I am a managing member or manager of the firmited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.  SIGNATURE:  SIGNATURE:									