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

## Sep 22, 2003 8:00 am Secretary of State 09-09-2003 90019 001 \*\*\*\*55.00

1. Entity Nar	INIEN I # LUZUUUU	15/68				09-09-200	3 90013	9 001	33.00	
MARTIN (	LABBE ASSOCIATES, LLC									
Principal Plac	ce of Business	Malling Address			35056969					
*** **** **			st granada Bl.Vd., ste. F-11 ID Beach Fl. 32174							
2 Principal I	Place of Business	3. Mailing Address					117.131		111	
553	W GRAWADA Blud	(	SAM	E)	1.00		<u></u>			
Suite, Apt	-	Suite, Apt. #, etc.	•	,		☐ CHECK HERE	IF MAKIN	G CHANGES		
City & Sta	BEACH FL	City & State			4. FEI Num	047233	8	<u> </u>	oplied For ot Applicable	-
Zip 3217	Country () SA	Zip	Coun	try	1	te of Status Desired	×	\$5.00 Ad		
	6. Name and Address of Current I	Registered Agent			-7. Name at	d Address of New R	egistered			
LAB	IBE, MARTIN		<del></del>	Name/	1ARTIA		<del></del>	<del></del>	-	
555	WEST GRANADA BLVD., STE. F-11	Street Addres			(P.O. Box Number is Not Acceptable)					7
ORM	MOND BEACH FL 32174				- 11	(47-47 pin p	<del>77 (J</del>	<u>/</u>		1
				City Orin	· · · / 7	BEAUT	FI	Zip Cod	le . —	1
	named entity submits this statement for	the purpose of changing	its registere		ed agent, or b	oth, in the State of Flo	rida. I am	familiar with.	and accept	1
the obligat	tions of registered agent.	Q.					G			
SIGNATURE Signature, typed or printed name of registered agent and trie al applicable. (NOTE:				Agent signature required	when reinstating)		DATE	25-0	3_	
		FILE	NOW!!! F	FEE IS \$50.00						1
	•	Make Check Paya	ble to Flo	orida Departme	nt of State	٤,				
			<del></del>	mber 24, 2003					·	}
9. TITLE	MANAGING MEMBER MANAGING MEMBER		10.	<del></del>		ADDITIONS	CHANGE	S Change	☐ Addition	10
NAME	MARTIN B. LABBE	•	NAME					Clicitatile		CR2E083 (4/03
STREET ADDRESS	555 W. GRANADA R	olud F-11	1	ET ADORESS						18
CITY-ST-ZIP	ORMOND BEACH 1		TITLE	-ST-ZIP				Change	Addition	18
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STREET ADDRESS				ET ADDRESS						1
CITY-ST-ZIP			<del>~</del>	ST-ZIP _	•••			Channe		┨
NAME		Delete	TITLE NAME					Change	☐ Addition	
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πιε		☐ Delete	TITLE			<del></del> -		Change	Addition	1
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CITY-ST-ZIP				ST-ZIP						}
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CITY-ST-ZIP				T ADDRESS ST-ZIP						
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NAME STORES ADDRESS			NAME	<b>I</b>				۸		
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP				1		
11. I hereby of indicated	ertify that the information supplied with to on this report is true and accurate and to bility company or the receiver or trustee	nat my signature shall havi	or the exen	nption stated in Sec legal effect as if m	ade under oat	h; that lam a manag	further cer	rtify that the ir er or manage	normation r of the	
House as Hou	A .	The state of the parameter with	- 10p0n us	.oganou by Chidott	<del>•</del> , , , , , , , , , , , , , , , , , , ,	CIGIOIVY.		•	1	1

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE