2003 LIMITED LIABILITY COMPANY

FILED Aug 18, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # L02000017719 08-18-2003 90110 031 ****50.00 NEW DAWN JAX, L.L.C. Principal Place of Business Mailing Address 3006 AVIATION AVENUE, SUITE 2-A 3006 ÁVIATION AVENUE, SUITE 2-A COCONUT GROVE FL 33133 COCONUT GROVE FL 33133 40 New Dawn Companies 3. Mailing Address 2. Principal Place of Business 2601 S. Boyshore Delvé 2601 S. Boushore Drivé Suite, Apt. #, etc. Suite, Apt. #, etc. X CHECK HERE IF MAKING CHANGES Suite #200 City & State Applied For City & State loconut Gove, FL Doconut Grove, FL Not Applicable Country USA \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Box Number if Not Acceptable) LUMULE, SUITE JU! 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. (NOTE: Registered Agent signature required when reinstating) typed or printed name of registe FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 24, 2003 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. Change ☐ Addition MGR TITLE TITL F ☐ Delete KAPLAN, JACK 2601 S. BayShore DRIVE, Stute 200 NAME NAME KAPLAN, JACK STREET ADDRESS 3006 AVIATION AVENUE, SUITE 2-A STREET ADDRESS Coconut Grove, FL 33133 CITY-ST-ZIP CITY-ST-ZIP **COCONUT GROVE FL 33133** Change TITLE MGR ☐ Delete TITLE mgr. Avila, Eduardo NAME AVILA, EDUARDO NAME 2001 S. Bayshore Drive, Stute 300 Coconut Grove, FL 33133 STREET ADDRESS STREET ADDRESS 3006 AVIATION AVENUE, SUITE 2-A CITY-ST-ZIP CITY-ST-ZIP **COCONUT GROVE FL 33133** TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS tions of t CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

OR AUTHORIZED REPRESENTATIVE

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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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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