FILED
Jul 24, 2003 8:00 am
Secretary of State

07-10-2003 90052 030 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

7/1(

DOCUMENT # L02000017955

1. Entity Name

L & M INVESTMENTS OF TALLAHASSEE, LLC

Principal Place of Business	Mailing Address
3617 NE 25 AVE. FT. LAUDERDALE FL 33308	3617 NE 25 AVE. FT. LAUDERDALE FL 33308

55052058

[redacted]

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 45-0508872 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HOTTE, JOHN F ESQ.
2400 EAST COMMERCIAL BLVD.
SUITE 826
FT. LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name Joseph A. LaRocca

Street Address (P.O. Box Number is Not Acceptable) 3617 N.E. 25 Avenue

City Ft. Lauderdale, FL FL Zip Code 33308

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] Joseph A. LaRocca 7-7-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9.	MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES	
TITLE	President & Owner	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	Joseph A. LaRocca		NAME		
STREET ADDRESS	3617 NE 25th Avenue		STREET ADDRESS		
CITY-ST-ZIP	Ft. Lauderdale, FL 33308		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E083 (4/03)

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 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.

SIGNATURE: [signature] SIGNATURE REQUIRED 7/7/03 904-538-5094

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #