

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **L020000018996**

Entity Name

Cyber CRIMINALS Most WANTED LLC

FILED

4/ Jul 10, 2003 8:00 am

Secretary of State

04-07-2003 90010 036 ****50.00

DO NOT WRITE IN THIS SPACE

33030700

44004788

DO NOT WRITE IN THIS SPACE

Principal Place of Business
26765 Ash Rd NW
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 2878
Suite, Apt. #, etc.

City & State
LA Belle, Florida
Zip
33935
Country
GLADES

City & State
La Belle, Florida
Zip
33975
Country
Hendry

4. FEI Number
56-2289253
Applied For
Not Applied

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

**DO NOT WRITE
IN THIS SPACE**

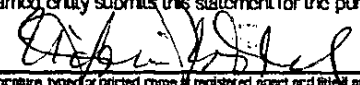
7. Name and Address of Current Registered Agent

Name
-VICTORIA RODDEL
Street Address (P.O. Box Number is Not Acceptable)

26765 Ash Rd NW
City
La Belle

FL Zip Code
33935

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

SIGNATURE: 
Signature, typed or printed name of registered agent and title, applicable

July 3, 2003
DATE

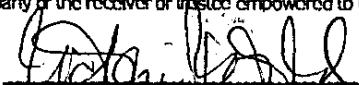
Fee \$30.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
MANAGER	VICTORIA RODDEL	26765 Ash Rd NW	La Belle, FL 33935
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

July 3, 2003 **863-675-0955**
Date Daytime Phone #