2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State
04-15-2003 90026 030 ****50.00

DOCUMENT # L02000019229

1. Entity Name

SOUTH CONNECTION SERVICES LLC

Principal Place of Business	Mailing Address
2701 SOUTH BAYSHORE DRIVE. #402 MIAMI FL 33133	2701 SOUTH BAYSHORE DRIVE. #402 MIAMI FL 33133

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
5600 COLLINS AVE	5600 COLLINS AVE
Suite, Apt. #, etc.: 6N	Suite, Apt. #, etc.: 6N
City & State: MIAMI BEACH, FL	City & State: MIAMI BEACH FL
Zip: 33140 Country:	Zip: 33140 Country:

4. FEI Number: 42 1545543 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CHAINE, DOMINIQUE
2701 SOUTH BAYSHORE DRIVE, #402
MIAMI FL 33133

7. Name and Address of New Registered Agent

Name: South Connection Services, LLC
5600 Collins Avenue, # 6N
Miami Beach, FL 33140

Street Address (P.O. Box Number is Not Acceptable): 5600 COLLINS AVE #6N

City: MIAMI BEACH FL Zip Code: 33140

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CHAINE, DOMINIQUE 2701 SOUTH BAYSHORE DRIVE, #402 MIAMI FL 33133	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	5600 COLLINS AVE #6N MIAMI BEACH FL 33140	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CLEM, MELANIE 2701 SOUTH BAYSHORE DRIVE, #402 MIAMI FL 33133	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	5600 COLLINS AVENUE #6N MIAMI BEACH FL 33140	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (10/02)

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 REQUIRED 4/1/03 305-867-0716
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #