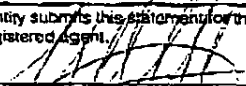


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

5/2/2003-90568-044-\$50.00-\$50.00

FILED
Oct 01, 2003 8:00 A
Secretary of State

DOCUMENT # L02000020044					
1. Entity Name ROLLABIND LLC					
Principal Place of Business 3117 NW 25TH AVENUE POMPANO BEACH FL 33069 US			Mailing Address 3117 NW 25TH AVENUE POMPANO BEACH FL 33069 US		
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 ☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent WEISENFELD, JOSEPH J 550 BILTMORE WAY SUITE 1120 CORAL GABLES FL 33134			7. Name and Address of New Registered Agent Name MARK B. GOLDSTEIN, PA Street Address (P.O. Box Number is Not Acceptable) 2700 N. MILITARY TRAIL, SUITE 130 City BOCA RATON FL 33431		
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 7/7/03 Signature of individual or principal or authorized agent and date if applicable. (NOTE: Registered Agent signature required when resigning)					
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	MANAGER JACK FELDMAN 3117 NW 25 Av. Pompano Beach, Fl 33069 ☐ 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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:  DATE 4-30-03 PHONE 954.972.4994 SIGNATURE AND TYPE OR PRINTED NAME OF FILING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE					

CR2E003 (10/02)