2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000020866

1. Entity Name

AXESO, LLC



FILED Apr 11, 2003 8:00 am Secretary of State

04-11-2003 90019 045 ****50.00

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Principal Plac	e of Business	Mailing Address]				
1111 LINCOLN ROAD SUITE 840 MIAMI BEACH FL 33139		1111 LINCOLN ROAD SUITE 840 MIAMI BEACH FL 33139	SUITE 840		1 1001	r ii aii ce ile iisii c eili ce ili ce ili	4ki as lin a 11 0 51	i Dhini ndija al	11 11 2 115 1 111 6
2. Principal Place of Business		3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF	MAKING	CHANGES	
City & State		City & State	City & State		4. FEI Number Applied For Not Applied For				
Zip	Country Zip		Country		- 32 ·	ate of Status Desired	<u> </u>	\$5.00 Add	ditional
	rrent Registered Agent			7. Name a	nd Address of New Reg	istered A	gent		
BURLINGAME, BRIAN A				Name					
1111	LINCOLN ROAD E 840			Street Address ((P.O. Box Num	ber is Not Acceptable)			
MIAN	MI BEACH FL 33139		į				FL	Zip Cod	le
	named entity submits this statemions of registered agent.	ent for the purpose of changing its	s registere	ed office or register	red agent, or t	ooth, in the State of Floric	ia. I am fa	miliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered	agent and title if applicable. (NOT	TE: Registere	d Agent signature required	d when reinstating)		DATE		-
			OWIII	FEE IS \$50.00					
		Make Check Payab		, ,	ent of State				Ì
				ay 1, 2003					
9.	MANAGING ME	I EMBERS/MANAGERS	10.			ADDITIONS/CI	HANGES		_
TITLE	MANASEL	□ Delete	TITLE	E				Change	Addition
NAME	JEFFREY Sharlach 1111 Lincoln Road	cito sem	NAM	IE					
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11 I hereby o	ertify that the information supplier	with this filing docestic unality for	or the eve	motion stated in Se	ection 119 07/1	3Vi) Florida Statutes I fu	irther certi	fu that the in	oformation

Thereby certify that the information supplied with this filling one-flot quality for the exemption stated in Section 119.07(3)(1), Florida Statutes. 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 eath; 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 YPED OR PRINTER NAME OF SIGN

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