

FILED  
May 27, 2003 8:00 am  
Secretary of State

05-02-2003 90757 011 \*\*\*\*50.00

2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)

5/2

DOCUMENT # L02000021069

1. Entity Name

GAYA @ HOME, LLC



Principal Place of Business

13853 NW 10TH COURT  
PEMBROKE PINES FL 33028

Mailing Address

13853 NW 10TH COURT  
PEMBROKE PINES FL 33028

44002572

2. Principal Place of Business

11900 BISCAYNE BLVD  
Suite 290

3. Mailing Address

11900 BISCAYNE BLVD  
Suite 290

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

N. Miami FL

N. Miami FL

Zip

Zip

33181

Country

33181

Country

4. FEI Number

22-3865980

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

TADMOR, ERAN  
13853 NW 10TH COURT  
PEMBROKE PINES FL 33028

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

11900 BISCAYNE BLVD Suite 290

City

N. Miami

FL

Zip Code

33181

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, 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 May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE: ☐ Delete  
NAME: ERAN TADMOR  
STREET ADDRESS: 11900 BISCAYNE BLVD #290  
CITY-ST-ZIP: N. MIAMI FL 33181

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

10. ADDITIONS/CHANGES

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

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: X

SIGNATURE REQUIRED

4/20/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)