FILED
Jun 23, 2003 8:00 am
Secretary of State
04-30-2003 90190 036 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000021084

1. Entity Name
57TH STREET, LLC

44004927

[redacted]

☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
1490 BOULEVARD OF THE ARTS SARASOTA FL 34236 US	1490 BOULEVARD OF THE ARTS SARASOTA FL 34236 US

2. Principal Place of Business	3. Mailing Address
Subs. Apt. #, etc.	P.O. Box 4241 Subs. Apt. #, etc.
City & State	City & State: Sarasota FL
Zip / Country	Zip: 34230 / Country: Sarasota

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

CALDERON, VICTOR F
1490 BOULEVARD OF THE ARTS
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

FILE NOW!!! FEE IS $80.00
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	VICTOR F. CALDERON, MANAGING MEMBER 1490 Blvd of the Arts Sarasota FL 34236 ☐ 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

CAREERS (TODAY)

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 605, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED 4-25-03 9413663708
SIGNATURE AND PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #