LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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,	Florida dir	- Service	es, LLC	03 JUL 1-7 AM 9-00	
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2. Principal Place of Business 13.395 SW 131 St St 13395 Su Suite, Apt. #, etc. 3. Mailing Address 13.95 Su Suite, Apt. #, etc.			u 1313+st	0 1313+S+ DO NOT WRITE IN THIS SPACE	
City & State . City & State		<u> </u>	4. FEI Number	Applied For	
mia	me FL	Manu	FL Country	None	Not Applicable \$5.00 Additional
33.18 <u>8</u>	e USA	33.18.6	USA_	5. Certificate of Status Desired	Fee Required
4 4 Pos	and the second s	12.00	Name 5	=7:::Name.and.Address.of.Current.Registere	d Agent
DO NOT WRITE IN THIS SPACE Name Bernard, Anthony Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Numbe					
•			City	amı i FL	Zip Code 33 i 5 7
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.					
SIGNATURE Signature, typed or printed name of spistered agent and title if applicable.					
FEE IS \$50,00					
Make Check Payable to Department of State DUE BY MAY 1					
9.	MANAGING MEMBE	RS/MANAGERS	× ×	8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	· · · · · · · · · · · · · · · · · · ·
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11. I hereby	certify that the information supplied with	this filing does not qualify fo	r the exemption stated in Se	ection 119.07(3)(i), Florida Statutes. I further cer	tify that the information
indicated limited lia	d on this report is true and accurate and t ability company or the rece <u>iver or tr</u> ustee	nat my signature shall have empowered to execute this	the same legal effect as if report as required by Chap	nade under oath; that I am a managing membe ter 608, Florida Statutes.	er or manager of the

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