## **2003 LIMITED LIABILITY COMPANY** UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L02000022659

		NESS REPOR			Apr 2	2, 20	003 8	3:00	am	
<ol> <li>Entity Name</li> </ol>	ENT # LO200 N C. RUSSO, P.L.	0022659				etar -2003 900				
Principal Place of Business 1408 N. KILLIAN DRIVE. SUITE 202 LAKE PARK FL 33408		Mailing Address 1408 N. KILLIAN DRIVE. LAKE PARK FL 33408	1408 N. KILLIAN DRIVE. SUITE 202					·		
2. Principal Plac	e 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			4. FEI NI 55 #				plied For Applicable	
Zíp	Country	Zip	Country		5. Certificate of Status	Desired		5.00 Add		
6. Name and Address of Current Registered Agent					7. Name and Addres	s of New Re	gistered Ag	ent.		
RUSSO, GWENDOLYN C 1408 N. KILLIAN DRIVE, SUITE 202 LAKE PARK FL 33408				lame Street Address (	P.O. Box Number is Not /	Acceptable)				
		f	C	Sity .	- <del></del>		FL	Zip Code	<del></del> -	
	med entity submits this statem s of registered agent.	ent for the purpose of changing	its registered o	ffice or register	red agent, or both, in the	State of Flori	da. I am fai	miliar with,	and accept	
Sign	nature, typed or printed name of registered	d agent and title if applicable. (N	NOTE: Registered Ag	ent signature required	when reinstating)		DATE			
		Make Check Paya	NOWIII FEI able to Florid Due By May	ta Departme	nt of State	i e gar	٠		-40 (C). 14	
				, 4000				·		
TITLE N	MODE		10.	<u> </u>	A1	DDITIONS/C		Change	Addition	
NAME   F	russo, gwendolyn c 408 n. Killian Drive, si	☐ Delete	TITLE NAME STREET A	DORESS			!	—i ∧ııqıığı	- Addition	

9. MANAGING MEMBERS/M. **MGRM** TITLE RUSSO, GWENDOLYN C NAME 1408 N. KILLIAN DRIVE, SUITE 202 STREET ADDRESS CITY-ST-ZIP CITY-ST-79 LAKE PARK FL 33408 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

3-12-03.