

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

**FILED**  
**Mar 05, 2003 8:00 am**  
**Secretary of State**

03-05-2003 90298 031 \*\*\*\*50.00

DOCUMENT # **L 02000024283**

1. Entity Name

**AGOS LLC**

**30040219**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**2781 Oceanclub Blvd.**

3. Mailing Address

**2781 Oceanclub Blvd**

Suite, Apt. #, etc.

**205**

Suite, Apt. #, etc.

**205**

City & State

**Hollywood, Florida**

City & State

**Hollywood Florida**

Zip

**33019**

Country

**U.S.A**

Zip

**33019**

Country

**U.S.A**

4. FEI Number

**51-0428802**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**STEVE LEVY**

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

**2525 N. STATE RD. 7, SUITE 115**

City

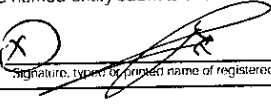
**HOLLYWOOD**

FL

Zip Code  
**33021**

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



**3/2/2003**

DATE

FEE IS \$50.00

Make Check Payable to Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
Aviad Goldman #206  
2731 Oceanclub Blvd.  
Hollywood, FL 33019**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
Omer Shlomovitz #205  
2781 Oceanclub Blvd.  
Hollywood, FL 33019**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

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

**3/2/2003**

Date

**(954) 920-8054**

Daytime Phone #

CR2E083B (12/01)