FILED
May 27, 2003 8:00 am
Secretary of State
05-02-2003 90582 011 ****50.00

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LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000024471

1. Entity Name

Pierce Plaza LLC

DO NOT WRITE IN THIS SPACE

44002380

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2. Principal Place of Business	3. Mailing Address
2120 S.W. 60th Terrace	
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: Miramar, FL	City & State
Zip: 33023 Country	Zip Country

4. FEI Number: 55-0805113 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Martin Bailey

Street Address (P.O. Box Number is Not Acceptable): 2120 S.W. 60th Terrace

City: Miramar FL Zip Code: 33023

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, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1st

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM	
NAME Martin Bailey	
STREET ADDRESS 2120 S.W. 60th Terrace	
CITY-ST-ZIP Miramar, Fl 33023	
TITLE	
NAME	
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NAME	
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CITY-ST-ZIP	

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CR2E083S (12/02)

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: _____ 4/29/03 954 961.3948

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #