2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2003 8:00 am
Secretary of State
05-13-2003 90013 040 ****50.00

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DOCUMENT # L02000024747

1. Entity Name
COLLECTED WORKS LLC

Principal Place of Business	Mailing Address
5100 NORTHWEST 33RD AVENUE, STE #148 FT LAUDERDALE FL 33309	5100 NORTHWEST 33RD AVENUE, STE #148 FT LAUDERDALE FL 33309

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
102 NW 100th Ave	102 NW 100th Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Plantation Florida	City & State: Plantation Fl
Zip: 33324 Country: Broward	Zip: 33324 Country: Broward

4. FEI Number: 01-0745618 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145	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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
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	MGR KUBLI, ARTHUR F 5100 NORTHWEST 33RD AVENUE, SUITE #148 FORT LAUDERDALE FL 33309 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 102 NW 100th Ave Plantation Fl 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KUBLI, ELOISE A 5100 NORTHWEST 33RD AVENUE, SUITE #148 FORT LAUDERDALE FL 33309 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 102 NW 100th Ave Plantation Fl 33324
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CR2E083 (10/02)

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 608, Florida Statutes.

SIGNATURE: Arthur F Kubli Operating manager 5/12/03 9547338282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #