

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

APPROVAL
AND
FILED

03 FEB 24 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000025327

1. Entity Name

CLUB ZNO, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1439 Washington Avenue

Suite, Apt. #, etc.

3. Mailing Address

1439 Washington Avenue

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami Beach, FL

Zip

33139

Country

USA

City & State

Miami Beach, FL

Zip

33139

Country

USA

4. FEI Number

16-1635279

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Louis J. Terminello, Esq.

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

Terminello & Terminello, P.A.

2700 S.W. 37th Avenue

City

Miami

FL

Zip Code

33133

**DO NOT WRITE
IN THIS SPACE**

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

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

800013086108

02/25/03--01015--015 **50.00

9. MANAGING MEMBERS/MANAGERS

TITLE Managing Member
NAME Thomas, Peter
STREET ADDRESS 1439 Washington Avenue
CITY-ST-ZIP Miami Beach, FL 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Mays, David MANAGING MEMBER
NAME
STREET ADDRESS 1439 Washington Avenue
CITY-ST-ZIP Miami Beach, FL 33139

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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

Date

Daytime Phone #

02/21/03 (805) 531-1990

CR2E083B (12/02)