200	UNIFORM BUSI	INESS REPO	RT (UBR)	n de la companya de	-	
DOCUMENT # L 020000 26610					•	
AIR FILTERS FOR LESS, LLC				En è	2	•
Principal Place of Business Mailing Address				03 AUG 27 PM 4: 15		
				TALLA MASSEL EN	! 4: 15 !!!!!	
2. Principal Place of Business 1075/NIW, 2357 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State	m1-FLA,	City & State		4. FEI Number 11-3657094	<u> </u>	plied For
33172-	-2031 DADE	Zip	Country	5. Certificate of Status Desired	□ \$5.00 Add Fee Require	
6. Name and Address of Current Registered Agent  ESTEGAN J. TAMAYO  Name				7. Name and Address of New Reg	stered Agent	
	EBAN 7 . 17 TINIW , 23 S	•	Street Addres	is (P.O. Box Number is Not Acceptable)	<del></del>	
•	MI. FL. 331		City		FL Zip Code	e
8. The above	named entity submits this statement for	he purpose of changing its re	egistered office or regis	stered agent, or both, in the State of Florid		
SIGNATURE  Signature, typecofe: printed name of registards aggruand fille if applicable. (NOTE: Registered Agent signature required when reinstating).  DATE: Registered Agent signature required when reinstating).						
	Signature, typeotor printed name of registored agenta	FILE NO	Will-FEE IS \$50.0 able to Department	0 of State		
9.	PRESIDENT	RS/MEMBERS  Delete	10.	ADDITIONS/CH	HANGES Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	ESTEBAN J.T. 1075/N.W. 23	AMAYO	NAME STREET ADDRESS CITY-ST-ZIP			_
TITLE NAME		☐ Delete	TITLE NAME		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	!		STREET ADDRESS CITY-ST-ZIP	000022757 よ <sup>03/04/030104800</sup>	r∺2U 12 **50.00	
TITLE NAME STREET ADORESS		☐ Delete	TITLE NAME STREET ADDRESS		☐ Change	☐ Addition
CITY-ST-ZIP TITLE		☐ Delete	CITY-ST-ZIP TITLE		Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		•	NAME STREET ADDRESS CITY-ST-ZIP			
NAME STREET ADDRESS		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
TITLE V NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
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 MANAGUNG MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  ### AUG   26   03 (305) 436-1010  Dayling Phone #						