

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

04-21-2003 90134 005 *****50.00
05-12-2003 90089 039 *****5.00

DOCUMENT # L02000029014	
1. Entity Name HIGH NOON INVESTMENTS, L.L.C.	

Principal Place of Business 13015 SW 89TH PLACE #229 MIAMI FL 33176	Mailing Address 13015 SW 89TH PLACE #229 MIAMI FL 33176
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number 16-1643290	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent WILSON, BRIAN A 11340 SW 128TH STREET MIAMI FL 33176	7. Name and Address of New Registered Agent Name WILSON, BRIAN A. Street Address (P.O. Box Number is Not Acceptable) 13015 SW 89TH PLACE #229 City MIAMI FL 33176
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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]* **MGR OF HIGH NOON INVESTMENTS, LLC 4/11/03**
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WILSON, BRIAN A 11340 SW 128TH STREET MIAMI FL 33176 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WILSON, BRIAN A. 13015 SW 89TH PLACE #229 MIAMI, FL 33176 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE 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]* **SECRETARY OF STATE REQUIRED NOW INVESTMENTS, LLC 4/11/03 (305) 378-2889**
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

10104245



☐ CHECK HERE IF MAKING CHANGES

CR2003 (10/02)