## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L02000029103

1. Entity Name --



## Apr 14, 2003 8:00 am Secretary of State 04-14-2003 90007 040 \*\*\*\*50.00

DRY ICE	CLEANING, LLC								
Principal Place of Business Ma		Mailing Address	Mailing Address		1	,			
		12000 BISCAYNE BOULEVA MIAMI FL 33181	CAYNE BOULEVARD STE. 706 19181		(			ni (1 <b>4</b> 11 <b>22</b>	(85 h)(  198)
2. Principal F	Place of Business	3. Mailing Address	. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF	MAKING CHA	ANGES	
City & State		City & State			4. FEI Num 63 04	90638	Applied For Not Applicable		
Zip	Country	Zip	Country		5. Certificate of Status Desired   \$5.00 Add Fee Require			litional d	
6. Name and Address of Current Registered Agent					7. Name a	nd Address of New Reg	istered Agen	t . ´	
DADE COUNTY CORPORATE AGENTS, INC.				Name		•			
20801 BISCAYNE BOULEVARD STE. 505 AVENTURA FL 33180				Street Address (	P.O. Box Num	ber is Not Acceptable)			
			<del></del>	~ City		والمستعد للمستعد المستعد المستعدد المست	FL Z	Zip Code	e
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: Ri				d Agent signature required	when reinstating)		DATE		
		FILE N	OW!!! 1	FEE IS \$50.00					ļ
		Make Check Payab		orida Departme ay 1, 2003	nt of State				
	MANACING MEMBER	<u> </u>	10.			ADDITIONS/C	HANCES		
9. TITLE	MANAGING MEMBERS/MANAGERS  MGR		TITLE	<del></del>		ADDITIONS/CI		Change	Addition
NAME			NAM				<u> </u>	Jilango	
STREET ADDRESS			STRE	ET ADDRESS					
CITY-ST-ZIP	AVENTURA PL 3318	°6	CITY	-ST-ZIP					
TITLE	MGRM	☐ Delete	TITLE					Change	☐ Addition
NAME	Margolis, Herber	1. 04. TOS	NAM						
CITY-ST-ZIP	NAME Margolis, Herbert STREET ADDRESS CITY-ST-ZIP  Margolis, Herbert Blud- 14.505  CITY-ST-ZIP  JORIGA 33 186			ET ADDRESS -ST-ZIP					l
TITLE .			TITLE	<del></del>			Π.	Change	☐ Addition
NAME	MGRM Schastian Lavenste	, ^	NAMI				Ц,	onungs	
STREET ADDRESS	20801 Buscame Blud	ate sos	STRE	ET ADDRESS					
CITY-ST-ZIP	20801 Buscayne Blud AVENTHATION 3318	o	CITY	-ST-ZIP					
TITLE	MERM	Delete	, T†TLE	15.72 = 15 TO -				Change	☐ Addition
NAME -	Gina Lavenstein		NAMI						ĺ
STREET ADDRESS CITY-ST-ZIP	20801 Biscame Blud HIERTURA FL 33/3	on s		ET ADDRESS - ST-ZIP					
TITLE	Abrilling FL 33-13	□ Delete	TITLE	<del></del>				Change	Addition
NAME	MAUSTON WADE		NAMI				<u>ا</u> ا	vilango	LI Madillion
STREET ADDRESS	20801 BISEGYAR Blud	#505	STRE	ET ADDRESS					
CITY-ST-ZIP	Areatica, FL 33180		CITY	-ST-ZIP					
TITLE	MU-R-M	☐ Detete	TITLE					Сћапде	Addition
NAME	Houston ALice Blue Blu	1400	NAMI						}
STREET ADORESS	2080   Buscayne 1010	n <del>- o</del> s · ·		ET ADDRESS					
CITY-ST-ZIP	Aventura, FL 33180	)	CITY-	-ST-ZIP	-1: 440 ==:	W/O Flade O : 45- (2		-4 4b - 1-	formation

I hereby certify that the information supplied with this filing close not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatic 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 emptweed to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** 

Date