

FILED
Sep 26, 2003 8:00 am
Secretary of State

09-26-2003 90004 014 *****50.00

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

DOCUMENT # L02000029834					
1. Entity Name AZURE LLC					
Principal Place of Business P.O. BOX 565425 MIAMI, FL 33256			Mailing Address P.O. BOX 565425 MIAMI, FL 33256		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 74-3068533				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		
CORPORATION COMPANY OF MIAMI 201 S. BISCAYNE BLVD., SUITE 1500(LAD) MIAMI, FL 33131			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 _____ DATE _____ Signature: Typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when necessary.)					
					
9. MANAGING MEMBERS/MANAGERS					
10. ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY- ST- ZIP			TITLE NAME STREET ADDRESS CITY- ST- ZIP		
☐ Delete			☐ Change ☒ Addition		
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☐ Delete			☐ Change ☐ Addition		
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☐ Delete			☐ 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 606, Florida Statutes.					
SIGNATURE <i>Bentley CPA</i> 9/23/03 305-491-2401 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

90158937

☐ CHECK HERE IF MAKING CHANGES

CR2E083 (10/02)