2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State
02-21-2003 90020 032 ****50.00

DOCUMENT # L02000030512

1. Entity Name
A & G INVESTMENTS, LLC

Principal Place of Business	Mailing Address
2873 NE 28TH STREET FORT LAUDERDALE FL 33306	2873 NE 28TH STREET FORT LAUDERDALE FL 33306

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
2873 NE 28TH STREET.		2873 NE 28TH STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: FT. LAUDERDALE, FL		City & State: FT. LAUDERDALE, FL	
Zip: 33306	Country: BROWARD	Zip: 33306	Country: BROWARD

4. FEI Number 83-0339672 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GILMAN, ALLISON
2873 NE 28TH STREET
FORT LAUDERDALE FL 33306

7. Name and Address of New Registered Agent

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ALLISON GILMAN 2873 NE 28th St. Ft. Laud Fl. 33306	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT LYNN GILMAN 741 NW 77th Ave. Plantation, Fl. 33324	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 REQUIRED 2/11/03 954-763-3453
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CR2E083 (10/02)