

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

9/22/2003 90104019-\$50.00-\$50.00

0011509

DOCUMENT # L02000030969

1. Entity Name

DEHCOL MANAGEMENT, LLC



03 OCT -6 AM 8:56

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM

Principal Place of Business
17913 S.W. 5TH STREET
PEMBROKE PINES FL 33029

Mailing Address
17913 S.W. 5TH STREET
PEMBROKE PINES FL 33029

2. Principal Place of Business
17900 NW 5TH STREET
Suite, Apt. #, etc.
SUITE 103
City & State
PEMBROKE PINES FL.

3. Mailing Address
17900 NW 5TH STREET
Suite, Apt. #, etc.
SUITE 103
City & State
PEMBROKE PINES FL.

Zip
33029
Country
USA

Zip
33029
Country
USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
57-1145574

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
FRANKLIN, DEHLIA
17913 S.W. 5TH STREET
PEMBROKE PINES FL 33029

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
4761 SW 126 Ave
Southwest Ranches
City
FL Zip Code
33330

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 *Dehlia Franklin*

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
|------------------------------|----------------------------|---------------------------------|-----------------------|--|---|
| TITLE | PRESIDENT / CEO | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FRANKLIN, DEHLIA | | NAME | | |
| STREET ADDRESS | 4761 SW 126 Ave | | STREET ADDRESS | | |
| CITY-ST-ZIP | SOUTHWEST RANCHES FL 33330 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9/15/03

Date

954 435 9905

Daytime Phone #

CR2E083 (4/03)