

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91000 050 ****50.00

DOCUMENT # L02000032129

1. Entity Name

L.O.L., LLC



DO NOT WRITE IN THIS SPACE

30062845

2. Principal Place of Business

5850 S.W. 73 STREET

Suite, Apt. #, etc.

3. Mailing Address

6555 N.W. 36 STREET

Suite, Apt. #, etc.

114

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33143

Country

USA

Zip

33166

Country

USA

4. FEI Number

02-0655557

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

DANNY S. TAHA

Street Address (P.O. Box Number is Not Acceptable)

6555 N.W. 36 ST, STE 114

City

MIAMI

FL

Zip Code

33166

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.

DATE

4/23/03

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

MGRM
SAMIR M. TAHA
6555 N.W. 36 ST., STE 114
MIAMI, FL 33166

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

MGRM
DANNY S. TAHA
6555 N.W. 36 ST., STE 114
MIAMI, FL 33166

TITLE

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IN THIS SPACE**

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: X

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

Date

Daytime Phone #

4/23/03

305 870
6400

CR2E083B (12/02)