LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED L02000032608 **DOCUMENT#** 1. Entity Name 03 APR 29 PM 12: 40 ZUMEX OF FLORIDA, LLC SECRETARY OF STATE TALLAHASSEE FLORIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address HLM 200 CLAU GUTOU ISLAND DA 400 CLAUGHTON ISZAND DR DO NOT WRITE IN THIS SPACE BUTTE 3003 3 *०*०३ 51173 City & State City & State Applied For PZ MISMI Not Applicable Country Żip \$5.00 Additional 5. Certificate of Status Desired USQ 33131 トモトモ USA Name and Address of Current Registered Agent Name DO NOT WRITE IN THIS SPACE 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 register DATE FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1 MANAGING MEMBERS/MANAGERS CR2E083B (12/02) TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Miami, PL 33/31 TITLE TITLE NAME NAME 100017230471 STREET ADDRESS STREET ADDRESS 04/29/03--01016--015 **50.00 CITY-ST-ZIP CITY-ST-7IP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS **DO NOT WRITE** CITY-ST-ZIP. CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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

INTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

impowered to execute this report as required by Chapter 608, Florida Statutes

limited liability company or the receiver or trus

SIGNATURE: