2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: SIGNATURE AND TYPED CHARINTED NAME OF

O. S.W. 8TH STREET UITE 1820 ILIMIN FI. 33130 S. 2. Principal Place of Business Sulte, Apt. #, etc. City & State A. FEI Number 7. Name and Add Name Street Address (P.O. Box Number is 1 Street Address (P.O. Box Number is 1 City 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the obligations of registered agent. SIGNATURE MCRIM MANAGING MEMBERS / MANAGING MEMBERS / MANAGERS TITLE MANAGE MANAGING MEMBERS / MANAGERS CITY-ST-ZP MIAMI FL 33130 Delete TITLE MAME STREET ADDRESS CITY-ST-ZP MIAMI FL 33130 Delete TITLE NAME STREET ADDRESS CITY-ST-ZP MIAMI FL 33130 Delete TITLE NAME STREET ADDRESS CITY-ST-ZP MIAMI FL 33130 Delete TITLE NAME STREET ADDRESS CITY-ST-ZP MIAMI FL 33130 Delete TITLE NAME STREET ADDRESS CITY-ST-ZP MIAMI FL 33130 Delete TITLE NAME STREET ADDRESS CITY-ST-ZP MIAMI FL 33130 Delete TITLE NAME STREET ADDRESS CITY-ST-ZP MIAMI FL 33130 Delete TITLE NAME STREET ADDRESS CITY-ST-ZP MIAMI FL 33130 Delete TITLE NAME STREET ADDRESS CITY-ST-ZP MIAMI FL 33130 Delete TITLE NAME STREET ADDRESS CITY-ST-ZP MIAMI FL 33130 Delete TITLE NAME STREET ADDRESS CITY-ST-ZP MIAMI FL 33130 Delete TITLE NAME STREET ADDRESS CITY-ST-ZP MIAMI FL 33130 Delete TITLE NAME STREET ADDRESS CITY-ST-ZP MIAMI FL 33130 Delete	NE TARY. AHASSEE	OF STAIL E. FLORIDA	
Suite, Apt. #, etc. City & State Country S. Certificate of Si 6. Name and Address of Current Registered Agent RRUCE JAY TOLAND, P.A. 80 S.W. 8TH STREET SUITE 1920 MIAMI FL 33130 City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. NAMAE SIRET ADDRESS CITY-ST-ZIP MIAMI FL 33130 MANAGING MEMBERS / MANAGERS 10. TITLE NAME SIRET ADDRESS CITY-ST-ZIP MIAMI FL 33130	CHECK HERE I	03 SEP 30 PH 12: 20 SECRETARY-OF STATE TALLAHASSEE, FLORIDA	
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Delete TITLE NAME 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), Florindicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that		☐ Change	☐ Addition