

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

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90900 038 *****55.00

DOCUMENT # L02000034703

1. Entity Name

VAGA GROUP LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4360 NORTHLAKE BLVD.

3. Mailing Address

4360 NORTHLAKE BLVD.

Suite, Apt. #, etc.
203

Suite, Apt. #, etc.
203

DO NOT WRITE IN THIS SPACE

City & State

PALM BEACH GARDENS, FL

City & State

PALM BEACH GARDENS, FL

4. FEI Number

57-1143182

Applied For

Not Applicable

Zip
33410

Country
USA

Zip
33410

Country
USA

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

ARTHUR LUCZKOWIEC

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

4360 NORTHLAKE BLVD. SUITE 203

City

PALM BEACH GARDENS

FL

Zip Code

33410

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

ARTHUR LUCZKOWIEC - MEMBER

04/09/2003

Signature, typed or printed name of registered agent and title if applicable.

DATE

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	MEMBER ARTHUR LUCZKOWIEC 120 DAY LILY DR JUPITER, FL 33458	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER EWA LUCZKOWIEC 120 DAY LILY DR JUPITER, FL 33458	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:

ARTHUR LUCZKOWIEC-- MEMBER

04/09/2003

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

Date

Daytime Phone #

CR2E083B (12/02)