LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Apr 10, 2003 8:00 am Secretary of State

		·	secretary	UI State
DOCUMENT # L030,0000637-, 1. Entity Name			03-19-2003 90047 (
NLM LIQUORS, LLC	v			
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A MOLANTIE		ACE		
2. Principal Place of Business SOZL SEMINOLE PRATT ROAD 3. Mailing Address			*.	
Suite, Apt. #, etc. City & State	a, Apt. #, etc. ; Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For	
LOXAHATCHEE FL Zip Country	Zip Country		30-0152658	Not Applicable
35470 USA			Certificate of Status Desired	
NOO NOT WOITE			MA MIRSKY	
Street Address (P.O. Box Number is Not Acceptable)				
IN THIS SPACE 2316 PALM HARBOR DRIVE				
A Company of the Alexander			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 Signature, typed or printed name of registered agent and title if applicable.				
FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1				
9. MANAGING MEMBER	S/MANAGERS			
NAME NORMA MIRSKY		INAME A SECTION OF THE PROPERTY OF THE PROPERT	The first of the second of the	
STREETADDRESS 7316 PAIN HARBOR DRIV COTY ST- 21P PAIN BEACH GARDENS	e Fr. <u>3</u> 3410	STREET ADDRESS CITY ST-ZIP		
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 I hereby certify that the information supplied with the indicated on this report is true and accurate and the limited liability company or the receiver or trustee. 				y that the information 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: 340 37 SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Deprint Proper				
· 		7 2	Days	