

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

AMEND
CHANGE REGISTERED
AGENT

DOCUMENT # L03000046204

1. Entity Name
DATEMEFLYFREE.COM, LLC



Principal Place of Business
1600 S. OCEAN DR., STE. 9A
HOLLYWOOD, FL 33019

Mailing Address
1600 S. OCEAN DR., STE. 9A
HOLLYWOOD, FL 33019

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02082005 Chg-LLC

CORRECTED
CR2E083 (10/03) #

4. FEI Number

20-0410292

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SINGER, BERNARD A ESQ
3107 STIRLING RD, STE 105
FORT LAUDERDALE, FL 33312

CHANGE TO
Delete ↑

Name BRIAN PRZYSTUP & ASSOCIATES LLC

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

1881 WASHINGTON AVE #12E

City

M. BEACH

FL

Zip Code

33139

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/11/05

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME MGRM
STREET ADDRESS SHAKOOR, HASAN
CITY- ST- ZIP 1600 S. OCEAN DR SUITE 9-A
HOLLYWOOD, FL 33019 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition
800047475820
03/01/05--01005--021 **50.00

TITLE
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CITY- ST- ZIP ☐ Delete

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CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

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:

[Signature]

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

2/11/05

Date

Daytime Phone #

05 FEB 23 AM 8:27
SECRETARY OF STATE
DIVISION OF CORPORATIONS

[Signature]

954 882 8022