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Secretary of State

07-19-2005 90011 005 ****50.00

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L04000050838

1. Entity Name

LBH AND ASSOCIATES, LLC

DO NOT WRITE IN THIS SPACE

30011104

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7257 MANDARIN DR.	
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: BOCA RATON, FL	City & State
Zip: 33433 Country: US	Zip Country

4. FEI Number 51-0502496 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: LISA WATT

Street Address (P.O. Box Number is Not Acceptable): 7257 MANDARIN DR.

City: BOCA RATON FL Zip Code: 33433

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] LISA WATT 7/1/2005

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

[redacted]

9. MANAGING MEMBERS/MANAGERS			
TITLE	MGMR		
NAME	LISA WATT		
STREET ADDRESS	7257 MANDARIN DR.		
CITY-ST-ZIP	BOCA RATON, FL 33433		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

DO NOT WRITE IN THIS SPACE

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] LISA WATT 7/1/2005

SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #