## **2005 LIMITED LIABILITY COMPANY**

2.D 33178  Country USA  S. Certificate of Status Desired Sets \$5.00 Additional Fee Required  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Name  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  Signature, hybrid of profess of programs hybrid of profess of the purpose of changing its registered Agent signature required when reliesteding)  After January 1, 2006, Fee will be \$100.00  In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.  9. MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  III.E NAME SIREET ADDRESS CITY-ST-ZP  III.E NAME SIREET ADDRESS CITY-ST	•	KEINSTA	LEMENI							
2. Principal Place of Business 5900 NW 97 AVE  Suite, Act. 4, 400	1. Entity Nan	ne	385				OIVISION 05 OCT -	TARY OF STORE CORPORA	ATE TIOI:S	
SUID. AGI. F. etc.  City & State Minimir PL  Society USA  S. Centificate of Status Desired SS.00 Additional Free Regulated Agent  To Name and Address of New Regulatered Agent  MARTIN, PAUL S  Seriest Address of New Regulatered Agent  The above remained entry automic prise statement for the purpose of changing its regulated office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  SIGNATURE  MARKET ADDITIONS (CHANGES)  In accordance with a. 607.193(2)(b), F.S., the limited  Make Change payable to Plorida Department of State  SIGNATURE  MARKET ADDITIONS (CHANGES)  In accordance with a. 607.193(2)(b), F.S., the limited  Make Change payable to Plorida Department of State  SIGNATURE  MARKET ADDITIONS (CHANGES)  In accordance with a. 607.193(2)(b), F.S., the limited  Make Change payable to Plorida Department of State  SIGNATURE  MARKET ADDITIONS (CHANGES	2101 <b>NW</b> 84 MIAMI, FL 3	4 AVENUE 13122	2101 NW 84 AVENUE MIAMI, FL 33122				**** 8: <sub>1</sub>	4 		
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20 33178 Country U.S.A 5. Certificate of Status Desired St. 55.00 Additional Fee Required  8. Name and Address of Current Registered Agent  7. Name and Address of Now Registered Agent  Name  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  City FL 20 Code  8. The above named entity submate this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am tamiliar at with, and accept the collegations of registered agent.  SignaTure:    Title Nowth Fee Is \$60.00 After January 1, 2008, Fee will be \$100.00 In accordance with s. \$607.193(2)(b), F.S., the limited Make check payable to Florida Department of State		OFFICE UNIT I	un	UNIT 1				,	,	
ARTIN, PAUL S 2134 HOLLYWOOD BOULEVARD HOLLYWOOD, FL 33020  City FL Zip Code  6. 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. Tam familiar with, and accept the deligations of registered dispert.  SIGNATURE  Signature paper or omed arrive of registered agent and title / spickage.  FILE NOWIS FEE IS \$50.00  After January 1, 2006, Fee will be \$100.00  In accordance with s. 607,193(2)(b), F.S., the limited liability company did not receive the prior notice.  B. MANAGING MEMBERS/MANAGERS  IN MORENO, ALEXANDER  SIBER ADDRESS  OUT S-1.29  IN MAM, FL 33122  IN MAM, FL 33122  IN MAM, FL 33122  IN B. MAM, FL 33123  IN B. MAM, FL 33122  IN B		MIAMI, FL	MIMMI, PC		4. PEFNORIL	<u> 59-378.</u>		Not Applicable		
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent.  SIGNATURE:    Change   Delete   TILE	2134 HOLLYWOOD BOULEVARD				Street Address (P.O. Box Number is Not Acceptable)					
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 Speak or percent canned registered agent and their applicable.   OPTE: Registered Agent signature required when relinately					City			FL Zip	Code	
FILE NOW!! FEE IS \$50.00 After January 1, 2006, Fee will be \$100.00  In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.  9. MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  ITILE MORENO, ALEXANDER SIRET ADDRESS 210 INV 84 AVENUE    Delete   TILE   NAME   SIRET ADDRESS   10/13/05-01063-001 **55.00	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									
### STREET ADDRESS CITY-ST-ZP  TITLE NAME STREET ADDRESS CITY-ST-ZP  T	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
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NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME ' STREET ADDRESS CITY-ST-ZIP  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), 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:  MANAME STREET ADDRESS CITY-ST-ZIP  MANAME NAME STREET ADDRESS CITY-ST-ZIP  MANAME STREET ADDRESS CITY-ST-ZIP  MANAME MANAM	NAME STREET ADDRESS		☐ Delete	NAME STREE	ET ADDRESS			☐ Chai	nge 🔲 Addition	
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