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## COVER LETTER

TO:	Registration Division of C				
CUDIE		OLLINS UNIT 2003, I	LLC		
SUBJE	-: <u></u>	Name	of Limited L	iability Company	
The enel	logod Autiolog	of Oussairstian and for	.(a) awa au baa	land for filling	
THE CHO	oscu Articles (	of Organization and fee	(S) are suom	naca for ming.	
Please re	eturn all corres	pondence concerning t	his matter to	the following:	
	MARK S.	GRAND, ESQ.			
	<del></del>		Nan	ne of Person	
	GRAND &	c GRAND, P.A.			
		•	Firr	n/Company	
	4010 Sheri	dan Street			
	<del></del>			Address	<del></del>
	Hollywood	l, Florida 33021			
	natalia.sivol	kozova@gmail.com	City/Sta	te and Zip Code	
		E-mail address: (to be	used for fut	ure annual report notifica	ition)
For furthe	r information c	oncerning this matter,	please call:		
	Donna		954 at (	989-2889	
	Na	me of Person	Area Co	de Daytime Telepho	ne Number
Enclosed	l is a check for	the following amount:			
	Filing Fee	\$130.00 Filing Fee Certificate of Statu	& \$1	55.00 Filing Fee & ertified Copy tional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ing Address stration Section		Street Address Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

	** * *
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Company, "L.L.C.," or "LLC.")	•
	£" \
Limited Liability Company is:	
	· · · ·
Mailing Address:	
428 Golden Beach Drive	
Golden Beach, FL 33160	
	l.or
•	

Name 4010 Sheridan Street Florida street address (P.O. Box NOT acceptable)

Hollywood State City

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	IGOR SIVOKOZOV
MUK	428 Golden Beach Drive
	Golden Beach, FL 33160
	Colden Bodolly 1 B 35 100
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<del></del> -	- 1
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