Daytime Phone #

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1. Entity Nam		0000324					•			Ą
12550, L.0	C.	,				FILED				
					_ o	1 JUN 25 AN	B: 47			
Principal Place of Business 12550 BISCAYNE BLVD #218		Mailing Address PO BOX 300434	Mailing Address PO BOX 300434				!			
MIAMI FL 331		BROOKLYN NY 11230				SECRETARY OF STATE TALLAHASSEE, FLORIDA				
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2. Principal Place of Business		3. Mailing Address				† 1 00 51 0 11 0 10 10161 01111 01111	IBAN BENK PANKI BURIN B	4108 1181 0 1	iałi vial IVBI	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State	i	4. FEI Number 65-0577581: Applied For Not Applicable]	
Zip	Country	Zip	Counti	у	5. Ceri	tificate of Status Desired		00 Add	itional	,
	6. Name and Address of Current	Registered Agent			7. Nап	ne and Address of New	<u> </u>			
÷−⊙∧⊬∕⋈⊌Т	7-41-44	<u>ئىنى ئىلىنى ئىلىن</u>		Name	مشج دو هنوب			<u> </u>		<u></u>
SAKOWITZ, ALAN 1111 KANE CONCOURSE, SUITE 401				Street Addre	ss (P.O. Box i	Number is Not Acceptab	ole)			
Bay Hari	BOR ISLAND FL 33154				- ·		<u> </u>			
				City			FL	Zip Code	· · · · · · · · · · · · · · · · · · ·	
8. The above	named entity submits this statement for	or the purpose of changing its re	egistere	d office or regi	stered agent,	, or both, in the State of F	Florida.			
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered	Agent signature req	uired when reinsta	ating)	DATE			
		FILE NO	WIII F	EE IS \$50.0		800004	46324	18-	9	
		Make Check Pay				300004 -07/09 *****	0/010100 50.00 **	170 ***5	14 0.00	
9.	MANAGING MEMB	ERS/MEMBERS	10.				S/CHANGES			
TITLE	MGR	☐ Delete	TITLE					Change	Addition	CR2E083 (11/00)
NAME STREET ADDRESS	Vorhand, Harry P.O. Box 439 N/A		NAME STREE	T ADDRESS						8 (1
CITY-ST-ZIP	BROOKLYN NY 11230		CITY-	ST-ZIP						12 12 12 13 14 14 14 14 14 14 14 14 14 14 14 14 14
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TITLE NAME	MGR VORHAND, THOMAS	☐ Delete	TITLE NAME			e i	ļ L	Change	☐ Addition	
STREET ADDRESS	P.O. BOX 439 N/A			T ADDRESS			ļ	•		
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STREET LODGRESS CITY-ST-ZIP		Λ		T ADDRESS ST-ZIP			,		-	
11. Thereby of	certify that the information supplied with	this filing does not qualify for that my signature shall have	the exen	nption stated in	n Section 119	0.07(3)(i), Florida Statutes	s. I further certify t	hat the in	nformation r of the	
limited lia	on this report is true and adcurate and ibility company or the receiver or truste	empowered to execute this e	port as	required by Cl	hapter 608, F	Florida Statutes.	aging mamber of	anago		
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