## 2001 UNIFORM RUSINESS REPORT (URR)

1. Entity Nam	MENT # L9600	\$1901.E.B. January							
THE ARTHUR GLENN L.C.					FILED				
					01 JAN 18 PM 1:50				
Principal Plac 2701 REESE DAVIE FL 333	ROAD	Mailing Address 2701 REESE ROAD DAVIE FL 33314	2701 REESE ROAD			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
2. Principal Place of Business 3. Mailing Addre			•	-	-  '	PERIOR RU FRIO BINI RENT DUNI	BBIII BBIII BBIII BBIBI BIIO		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI N	umber 65-0678303	— <del>— —</del>	oplied For ot Applicable	
Zip	Country Zip Co		Coun	try	5. Certifi	cate of Status Desired	S5.00 Ad- Fee Require	ditional	
	-6. Name and Address of Current	Registered Agent		Name	7. Name	and Address of New Reg	Istered Agent		
LACASA, CARLOS A				Street Address (P.O. Box Number is Not Acceptable)					
LACASA & ASSOCIATES 3191 CORAL WAY 3RD FLOOR					P.O. BOX NO	imber is Not Acceptable)			
MIAMI FL 33145				City	i		Zip Cod	10	
				City			FL Zip Cod	-	
8. The above	named entity submits this statement for	r the purpose of changing	g its registere	ed office or registe	ered agent, o	r both, in the State of Florid	a.	ļ	
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable	(NOTE: Basistaras	d Agent signature require	ad when reinetatin	a)	DATE		
	Signature, types or printed marie or registered agent a						DAIL		
	,			FEE IS \$50.00 Department					
9.	MANAGING MEMBE	ERS/MEMBERS	10.			ADDITIONS/CI	HANGES		
TITLE	MGRM	☐ Delete	TITLE				Change	☐ Addition	
NAME STREET ADDRESS	WYNNE, WILLIAM 2701 REESE ROAD		NAMI	E Et address		<b>7000035</b> -01/28/1	76167	8	
CITY-ST-ZIP	DAVIE FL 33314			-ST-ZIP		-01/26/0	)101037( ) <del>.00-<u>*</u>****</del>	316   3	
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CITY-ST-ZIP				ST-ZIP					
11. I hereby certify that the information supplied with this filling 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 reserver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.									
SIGNATURE: SIGNATURE AND PPED DATE DISCOURS MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #									