

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L98000001545**1. Entity Name
TYLER HOUSE, L.L.C.**FILED****01 FEB 12 AM 9:59****SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

Principal Place of Business
**2077 N.E. 120TH ROAD
NORTH MIAMI FL 33181**Mailing Address
**2077 N.E. 120TH ROAD
NORTH MIAMI FL 33181**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0861634**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required****6. Name and Address of Current Registered Agent****GROSMAN, SEAN
2077 N.E. 120TH ROAD
NORTH MIAMI FL 33181****7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

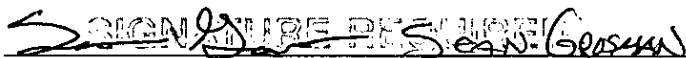
FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE 
Signature, typed or printed name of registered agent and title if applicable.**Sean Grozman**
(NOTE: Registered Agent signature required when reinstating)**2/5/01**
DATE**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State****9. MANAGING MEMBERS/MEMBERS**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
S AND S MANAGEMENT, L.L.C.
2077 N.E. 120TH ROAD
NORTH MIAMI FL 33181** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete**10. ADDITIONS/CHANGES**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
**300003718827
-02/19/01-01035-001
*****50.00 *****50.00**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/5/01 305-4467790