

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000003317

1. Entity Name

Dylan, L.L.C.

FILED

01 MAY 23 AM 7:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

6250 N. Andrews Ave.
Ft. Lauderdale FL 33309

6250 N. Andrews Ave.
Ft. Lauderdale, FL 33309

2. Principal Place of Business

3. Mailing Address

6250 N. Andrews Ave
Suite, Apt. #, etc.

6250 N. Andrews Ave
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Ft. Lauderdale FL

City & State

Ft. Lauderdale FL

4. FEI Number

65-0904653

Applied For

Not Applicable

Zip

33309

Country

USA

Zip

33309

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

Rick Quintner
6250 N. Andrews Ave
Ft. Lauderdale FL 33309

7. Name and Address of New Registered Agent

Name Rick Quintner
Street Address (P.O. Box Number is Not Acceptable)
6250 N. Andrews Ave
City Ft. Lauderdale FL Zip Code 33309

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]

Signature typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE	MANAGER	<input type="checkbox"/> Delete
NAME	Rick Quintner	
STREET ADDRESS	6250 N. Andrews Ave	
CITY-ST-ZIP	Ft. Lauderdale FL 33309	
TITLE	MANAGER	<input type="checkbox"/> Delete
NAME	Penny Quintner	
STREET ADDRESS	6250 N. Andrews	
CITY-ST-ZIP	Ft. Lauderdale FL 33309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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06/18/01--01/24/01
*****50.00 *****50.00

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]

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

Date

Daytime Phone #

CR2E083 (11/00)