2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

00 APR 27 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000001588

1. Entity Name
LES HOLDINGS, L.C.

Principal Place of Business	Mailing Address
3328 N.E. 169TH STREET EASTERN SHORES FL 33178	3328 N.E. 169TH STREET EASTERN SHORES FL 33178

DO NOT WRITE IN THIS SPACE

MNM

2. Principal Place of Business	3. Mailing Address
1907 NE 154 ST.	1907 NE 154 ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: N. MIAMI BEACH, FL	City & State: N. MIAMI BEACH, FL.
Zip: 33162 Country: USA	Zip: 33162 Country: USA.

4. FEI Number 65-0906036 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHIGIEL, LEON 3328 N.E. 169TH STREET EASTERN SHORES FL 33178	Name: SCHIGIEL, LEON Street Address (P.O. Box Number is Not Acceptable): 1907 NE 154 STREET City: N. MIAMI BEACH, FL Zip Code: 33162

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. (NOTE: Registered Agent signature required when reinstating) DATE

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

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-05/12/00--01010--014
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SCHIGIEL ENTERPRISES LTD 3328 N.E. 169TH STREET EASTERN SHORES FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1907 NE 154 STREET N. MIAMI BEACH, FL 33162.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (9/99)

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 REQUIRED 4-4-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #