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

DOCUMENT# 4 - L990000002276 WEEDINGER SUITE AND SUBSTITUTE AND SU	2001 UNIFORM BUSINESS REPORT (UBR)												
PRICE OF SIZE SAFE SAFE 255 MORTH MANI BEACH R, 2010 2. Phroiped Place of Business Subs. Apt. 8, etc.	1. Entity Name												
Suite, Art. #, etc. Suite, Art. #, etc. DO NOT Write in This SMACE	3665 NE 167	TH STREET. SUITE 205	3665 NE 167TH STREET, SUITE 205				SECRETARY OF STATE TALLAHASSEE, FLORIDA						
Cay & State Cay & State Cay & State A. FEI Numbor 65-0957286 Applied For Next Applicable Next Applicable Next Applicable Next Applicable Next Applicable Next Applicable S. Conflicts of Status Desired S. Conflicts	2. Principal F	Place of Business	3. Mailing Address										
Stop Country Zop Country S. Certificate of Status Desired S. S.0.0 Addition Son Pacificate S. S.0.0 Addition Son Pacificate	Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. The Address of New Registered Agent 9. Name and Address of	City & State		City & State				. FEI Nun	nber 65-0957286				,	
TAMMARA, JONATHAN C 3665 NE 167TH STREET, SUITE 205 NORTH MAMI BEACH FL 33160 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 City FL Zip Code	Zip	Country	Zip Coun		try		. Certifica	ate of Status Desired		5.00 Add	ditional	7	
TAMMARA, JONATHAN C 3-866 NE 167TH STREET, SUITE 205 NORTH MIAMI BEACH FL 33160 City FL Zip Code 6. The above number 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 SIGNATURE MARK MGR P = 5 MANAGING MEMBERS/MEMBERS 10. Prof. ADDITIONS/CHANSES 9. MANAGING MEMBERS/MEMBERS 11. ADDITIONS/CHANSES 9. MANAGING MEMBERS/MEMBERS 10. Prof. Change Change Addition Now TAMMARA, JONATHAN C Signer JAMMARA, JONATHAN C SIGNATURE 9. MANAGING MEMBERS/MEMBERS 10. Prof. Change Change Addition Now TAMMARA, JONATHAN C SIGNATURE 9. MANAGING MEMBERS/MEMBERS 10. Prof. Change Change Addition Now TAMMARA, JONATHAN C SIGNATURE 9. MANAGING MEMBERS/MEMBERS 10. Prof. Change Change Addition Now TAMMARA, JONATHAN C SIGNATURE 9. MANAGING MEMBERS/MEMBERS 10. Prof. Change Change Addition Now TAMMARA, JONATHAN C SIGNATURE 9. MANAGING MEMBERS/MEMBERS 10. Prof. Change Change Addition Now TAMMARA, JONATHAN C SIGNATURE 10. Prof. Change Change Change 10. Prof. Change 10.		6. Name and Address of Current F	tegistered Agent										
SIGNATURE: Street Address (P.Q. Box Number is Not Acceptable)					Name								
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	-3665 NE 167TH STREET, SUITE 205				Street A	ddress (P.O. Box Number is Not Acceptable)						-	
SIGNATURE Signature Signa				City	City FL Zip Code					e	1		
FILE NOW!! FEE IS \$50.00 Make Check Payable to Department of State Record Preserve Preserve	8. The above	e named entity submits this statement for	the purpose of changing its re	egistere	ed office or	r registered a	gent, or i	both, in the State of Florid	da.			7	
FILE NOW!! FEE IS \$50.00 Make Check Payable to Department of State	SIGNATURE												
Manual M		Signature, typed or printed name of registered agent ar	nd title if applicable (NO1E:	Registere	d Agent signati	ture required when	reinstating)		OATE		·	-	
TITLE NAME TAMMARA, JONATHAN C 3665 ME 167TH STREET NORTH STREET NORTH STREET ADDRESS CITY-ST-2P NORTH MIAMI BEACH FL 33160 TITLE NAME STRET ADDRESS CITY-ST-2P NORTH MIAMI BEACH FL 33160 TITLE NAME STRET ADDRESS CITY-ST-2P NAME STRET ADDRESS CI	,		-		ate	•							
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TITLE NAME SIREST ADDRESS CITY-ST-ZIP CITY-	NAME STREET ADDRESS	MGR President C TAMMARA, JONATHAN C 3665 NE 167TH STREET		NAM STRE	E Et address	700h	NE	167 street		Change	Addition	5083 (11/00)	
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 leget 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: O 2-05-01 954-441-9990	NAME STREET ADDRESS	,	☐ Delete	NAME STRE	ET ADDRESS			-02/13/	010i	10200	029	1	
NAME STREET ADDRESS CITY-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 legat 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 odured by Chapter 608, Florida Statutes. SIGNATURE: NAME STREET ADDRESS CITY-ST-ZIP	NAME V STREET ADDRESS		☐ Delete	NAME STREE	ET ADDRESS			,	Į.	Change	Addition		
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SIGNATURE: O2-05-0) 954-441-9990 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Destine Phone # X102	indicated on this report is true and accurate and that my signature shall have the same leger 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.												
	SIGNAT	URE:	SIGNING MANAGING MEMBER, MANAGING	GER, OR	AUTHORIZED	REPRESENTATIV	VE	0)-05-	<u>10/</u> 95	4-44/-	1990 X103		