

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002447

1. Entity Name
DOUBLE C LIMITED LIABILITY COMPANY

Principal Place of Business
7980 NW 67TH ST
MIAMI FL 33166

Mailing Address
7980 NW 67TH ST
MIAMI FL 33166

FILED

01 MAR 16 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0920645

Applied For
Not Applicable

Zip Country

Zip Country

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

YOUNG, CECEILE
926 CRESTVIEW CIRCLE
WESTON FL 33327

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.

(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

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
MGRM CHAI-CHANG, DWIGHT
STREET ADDRESS 875 NW 99TH AVENUE
CITY-ST-ZIP PLANTATION FL 33324

TITLE NAME ☐ Change ☐ Addition
500003924475--6
-03/28/01--01097--007
*****50.00 :*****50.00

TITLE NAME ☐ Delete
MGRM YOUNG, CECEILE
STREET ADDRESS 926 CRESTVIEW CIRCLE
CITY-ST-ZIP WESTON FL 33327

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete
MGRM CHAI-CHANG, RAYMOND
STREET ADDRESS 830 KAPOK WAY
CITY-ST-ZIP WESTON FL 33327

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ 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:

CECEILE YOUNG

CECEILE YOUNG, MGRM 3/14/01 305-594-1142

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

Date

Daytime Phone #

0010596 AF

CR2E083 (11/00)