

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

DOCUMENT # **L99000002458**

1. Entity Name
LE MONS LLC

Principal Place of Business 8209 NORTH PINE ISLAND ROAD, #156 TAMARAC FL 33321	Mailing Address 8209 NORTH PINE ISLAND ROAD, #156 TAMARAC FL 33321-1541
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2. Principal Place of Business 10001 NW 50th St Suite, Apt. #, etc.	3. Mailing Address 8209 N Pine Island Rd Suite, Apt #, etc. #156
City & State Sunrise FL	City & State Tamarac FL
Zip 33351	Country Broward
Zip 33321	Country FL

4. Fee Number 65-0918303	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name **Steven King**
Street Address (R.O. Box Number is Not Applicable) **8209 N Pine Island Rd #156**
Tamarac
City **FL** Zip Code **33321**

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 *Steven King* (NOTE: Registered Agent signature required when reinstating) DATE **3/20/2000**

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

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME MGRM KING, STEVEN	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8209 NORTH PINE ISLAND ROAD, #156		STREET ADDRESS	
CITY - ST - ZIP TAMARAC FL 33321		CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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STREET ADDRESS	
CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *Steven King* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date: **3/20/2000** Daytime Phone #: **954-749-1911**

CR2E083 (9/99)