

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002988 1. Entity Name <div style="font-size: 1.2em; font-family: cursive;">CONFHAR LLC</div>	
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 03 JUN 19 PM 4:08
HL 6/27

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4176 CARAMBOLA CIRCLE SO Suite, Apt. #, etc. <div style="font-family: cursive;">BLDG 10</div> City & State <div style="font-family: cursive;">COCONUT CREEK - FL</div> Zip <div style="font-family: cursive;">33066</div> Country <div style="font-family: cursive;">USA</div>	3. Mailing Address 4176 CARAMBOLA CIRCLE SO Suite, Apt. #, etc. <div style="font-family: cursive;">BLDG 10</div> City & State <div style="font-family: cursive;">COCONUT CREEK - FL</div> Zip <div style="font-family: cursive;">33066</div> Country <div style="font-family: cursive;">USA</div>
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	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required
	7. Name and Address of Current Registered Agent Name <div style="font-family: cursive;">LEA MARIA LERARIO</div> Street Address (P.O. Box Number is Not Acceptable) <div style="font-family: cursive;">4176 CARAMBOLA CIRCLE SO BLDG !)</div> City <div style="font-family: cursive;">COCONUT CREEK</div> <div style="font-family: cursive;">FL</div> Zip Code <div style="font-family: cursive;">33066</div>

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS																	
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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: Lea Maria Lerario 06/16/03 9545476842
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083B (12/02)