200	1 UNI	FORM BUSI	NESS REPO	RT	(UBR))			erios programação	ق	•	Ş
DOCUMENT # L9900003681							, FILED					
MYER HOLDINGS, L.L.C.							01 APR -9 AM 7: 50					
							Ŧ	SECRETA ALLAHAS	RY OF	STATE		
5555 N.W. 3	ce of Busines: 6TH STREET NGS FL 33166-		Mailing Address 5555 N.W. 36TH STREET MIAMI SPRINGS FL 33166-5812								IE I dir i 18 0 4 koda	
2. Principal (Place of Busin	ess	3. Mailing Address									
Suite, Apt	. #, etc.	, , , , , , , , , , , , , , , , , , , ,	Suite, Apt. #, etc.					DO NOT W				
City & Sta	te		City & State		4	. FEI Number	APPLIED	1358 FOR	1 1	pplied For ot Applicable		
Zip	Country		Zip			5				\$5.00 Ad Fee Require	Iditional	1
	6. Name	and Address of Current F	Registered Agent		Name	7	. Name and A	ddress of New	Registere	ed Agent		\exists
	TEPHEN J V. 36TH STF	REET		Street Addr	ress (P.O. Box Number is Not Acceptable)						1	
	PRINGS FL											
				City			FL Zip Code					
8. The above	named entity	submits this statement for	the purpose of changing its	registere	ed office or reg	gistered .	agent, or both,	in the State of	Fłorida.			
SIGNATURE	Signature, typed	or printed name of registered agent ar	nd title if applicable. (NOTE	: Registere	d Agent signalure re	equired whe	n reinstating)		DAT	 		
	۰,		FiLE NO Make Check Pa		FEE IS \$50 o Departme		tate					
9.		MANAGING MEMBE	RS/MEMBERS	10.			i	ADDITION	S/CHANG	ES	<u> </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		EPHEN J . 36TH STREET RINGS FL 33166-5812								☐ Change	☐ Addition	CR2E083 (11/00)
TITLE NAME STREET ADDRESS	MGR MYER, GREGORY L 55555 N.W. 36TH STREET MIAMI SPRINGS FL 33166-5812		CIT				91	2000	400	☐ Change	Addition	CR2
CITY-ST-ZIP					CITY-ST-ZIP			-04/	16/01-	19595 01020	-016 •©n nn	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	•						☐ 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE Date Deviring Phone #												