05-15-2002 90055 025 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

L99000003681

DOCUMENT # 1. Entity Name

MYER HOLDINGS, L.L.C.

Principal Place of Business 5555 N.W. 36TH STREET MIAMI SPRINGS FL 33166-5812 Mailing Address

5555 N.W. 36TH STREET MIAMI SPRINGS FL 33166-5812

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Principal Place of Business 3. N		3. Mailing Address	Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State C		City & State	Dity & State		El Number 65-0935818		oplied For	
Zip	Country	Zip	Zip Country		Certificate of Status Desired \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Na	ame and Address of New Regis	stered Agent		
<u></u>			N	ame	-			
555	ER, STEPHEN J 5 N.W. 36TH STREET AND	يند ≥ است.	S = 3	Street Address`(P.O. Box`Number is Not Acceptable)				
1411/-1	uni 5/ 14/405 / E 55/105-56/2						ļ	
			С	ty		FL Zip Code	е	
8. The above	named entity submits this statement for	the purpose of changing its	registered o	fice or registered ager	int, or both, in the State of Florida	i.		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg				nt signature required when rein	nstating)	DATE		
				$\overline{}$				
		1	FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of					
			Due By May 1, 2002		5			
				, 2002				
9.	MANAGING MEMBERS/MANAGERS		10.	1	ADDITIONS/CHANGES			
TITLE	MGR	☐ Delete	TITLE			Change	☐ Addition	
NAME STREET ADDRESS	MYER, STEPHEN J		NAME Street ad	DECC				
CITY-ST-ZIP	5555 N.W. 36TH STREET MIAMI SPRINGS FL 33166-5812		CITY-ST-2				1	
TITLE	MGR	☐ Delete	-	·			Addition	
NAME	MYER, GREGORY L	L Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS	5555 N.W. 36TH STREET		STREET AD	DRESS				
CITY-ST-ZIP	MIAMI SPRINGS FL 33166-5812		CITY-ST-Z					
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NAME		C Delete	NAME			osmige	L Addition	
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CITY-ST-ZIP			CITY-ST-Z	Р			}	
TITLE		□ Delete	TITLE			☐ Change	Addition	
11115		_ 0000	114445					

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 emparagreed to secure this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

NAME STREET ADDRESS

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

☐ Delete

☐ Delete

Change

☐ Change

Addition

☐ Addition