## LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## FILED May 22, 2002 8:00 am Secretary of State 05-22-2002 90265 047 \*\*\*150.00

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DOCUMENT # L 99000005129	
1. Entity Name	
The Seasons of How's	la LLC

SIGNATURE:

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	DO NOT WRITE IN	I THIS SPA	ACE	18 20 18 18 18 18 18 18 18 18 18 18 18 18 18			
2. Principal (	Place of Business Le Richman Group	Aailing Address	Richman	Beaur	· ·		
Suite, Apt 599	West Putnam and	uite, Apt. #, etc.	+ Putwan		DO NOT WRITE IN THIS S	PACE	
City & Sta		iy & State Alenwich	11	4. FEI Number	24 88090	Applied For	
210/0	830 USA		Country	5. Certificate of	Status Dosirod	\$5.00 Additional	DIE
<u> </u>	030   Q3/1    0		457	7. Name and Add	ress of Current Registered	Fee Required Agent	
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	IN THIS SPAC	5 (1) 1 (1)	Strow Address	s (P.O. Box Number is アクターカーカー	Not Acceptable) Sur	ite 350	<b>₹</b> )
	* IN BIND OFAC		100	South &	fast and	Street	
			City M	iami	FL	Zip Code 33/5/	,
8. The above	e named entity submits this statement for the pur	pose of changing its regis	stered office or register	ed agent, or both, i	n the State of Florida.		
SIGNATURE	Signature, typed or printed iname of registered agent and title if	supplicatila	·····				
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		Make Check Payal	ble to Department	of State			,
9.	MANIACINIC MEMBERS (MA		E BY MAY 1		<del>. ,</del> -		
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NAME STREET ADDRESS	MGRM Wilder Richman 599 West Putno	in rue	NAME:				CRZE083B (12/01)
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CITY-ST-ZIP	White Plains, NY	10604	∂CITY-SŤ-ZIP		e eye	β	
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*TREET ADDRESS CITY-ST-ZIP			STREET ADORESS		it is a second of the second o		
11. I hereby of indicated	Learning that the information supplied with this filing on this report is true and accurate find that my s	does not qualify for the egignature shall have the sa	exemption stated in Sec	ction 119.07(3)( i), F ade under eath: that	orida Statutes. I further certif	y that the information or manager of the	
limited lia	on this report is true and accurate and that my sibility company or the receiver or trustee empower	ered to execute this report	t as required by Chapte	er 608, Florida Statu	tes.	gar or the	

RINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #