2000-UNIFORM BUSINESS REPORT (UBR)

Principal Place of Business Settle SW (DHT STREET MAM FL 33176 2. Principal Place of Business Subs. Apt. # etc. 2. Principal Place of Business Subs. Apt. # etc. 3. Making Address Subs. Apt. # etc. 4. FET Number Subs. Apt. # etc. DO NOT WRITE IN THIS SPACE Applied 10 THO Applied	DÖCUMENT # L9900005447 1. Entity Name TEES TO YOU, L.L.C.					SEGRETARY OF STATE DIVISION OF CORPORATIONS 00 JUL 18 PM 2: 47				
980 SW. MOHN STREET MAMI FL 33176 2. Principal Paces of Business Suite, Apri V. etc.	Principal Plac	e of Business	Mailing Address			1	00 20F 10 LU 5	: 4 /		
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Zip Country Zip Country 5. Certificate of Status Desired Status De	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Name Name Name Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Accep	City & State		City & State	City & State		650 9 52388 Not Applicable				
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9980 S.W. 104 STREET MIAMI FL 33176 City FL Zip Code 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 Signature South Appear or politic name of registered appear and the negligation required when registered agent, or both, in the State of Florida. SIGNATURE Supposed appear on politic name of registered appear and the negligation required when registered agent, or both, in the State of Florida. SIGNATURE Supposed appear and the negligation required when registered agent, or both, in the State of Florida. SIGNATURE Supposed appear and the negligation required when registered agent, or both, in the State of Florida. SIGNATURE Supposed appear and the negligation required when registered agent, or both, in the State of Florida. SIGNATURE Supposed appear and the negligation required when registered agent, or both, in the State of Florida. SIGNATURE Supposed appear and the negligation required when registered agent, or both, in the State of Florida. SIGNATURE Supposed appear and the negligation required when registered agent, or both, in the State of Florida. SIGNATURE Supposed appear and the negligation required when registered agent, or both, in the State of Florida. SIGNATURE Supposed appear and the negligation required when registered agent, or both, in the State of Florida. SIGNATURE Supposed appear and the negligation required when registered agent, or both, in the State of Florida. SIGNATURE Supposed appear and the negligation required when registered agent, or both, in the State of Florida. SIGNATURE Supposed appear and the negligation required when registered agent, or both, in the State of Florida. SIGNATURE Supposed appear and the negligation required when registation required when registation required when registation required when registation required agent appear and the negligation required agent appear and the negligation registation required agent appear and the negligati					Name					
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Indicated on this report is true and accurate and that my signature shall have the same legal effect as it 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:

MACHATUS REOFFATE TITOMS

4300

705-2710917

Daytime P