FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 92174 030 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006835

30069320

1. Entity Name
SYDBINA, L.L.C.

Principal Place of Business
400 LESLIE DRIVE, SUITE 215
HALLANDALE, FL 33009

1815 Griffin Road
301
Dania Beach, Fl
33433 USA

Mailing Address
400 LESLIE DRIVE, SUITE 215
HALLANDALE, FL 33009

1815 Griffin Road
301
Dania Beach, Fl
33433 USA

CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1008503 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

WOLOFSKY, HOWARD
~~400 LESLIE DRIVE, SUITE 215~~
~~HALLANDALE, FL 33009~~

7. Name and Address of New Registered Agent

Name

Street 1815 Griffin Road, Suite 301
Dania Beach, Fl 33433

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

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR WOLOFSKY, HOWARD 3400 NE 34TH STREET FT. LAUDERDALE, FL 33308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (10/02)

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: (X)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #