2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L9900007786 1. Entity Name NUMBERS@WORK, L.L.C.							TIL'ED				
							00 JUN 26 AM 9: 14			=	
							SECRETARY OF STALLAHASSEE, FL	FATE			
Principal Place	of Business	3	Mailing Address				TAILLAHASSEE, FL	אטואנ			
2665 SOUTH BAYSHORE DRIVE. SUITE PH2B 2665 SOUTH BAYSHORF, DRIVE. SUITE F						3	•				
COCONUT GROVE FL 33133 COCONUT GROVE FL 33133-5448											
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2. Principal Pla	ace of Busin	ess ·	3. Mailing Address					(1)			
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Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State C			City & State	City & State			Number Applied Fo	ام ا	pplied For	}	
Zip	T	Country	Zip	Cour	ntrv			\$5.00 44	ot Applicable	-	
· · · · · · · · · · · · · · · · · · ·					5. Certificate of Status Desired Fee		Fee Require].		
	6. Name	and Address of Current	t Registered Agent	• =		7. Na	me and Address of New Regist	ered Agent	•	4	
			Name					<u> </u>			
BOHATCH, JOHN'S ESQ.						Street Address (P.O. Box Number is Not Acceptable)					
2600 DOUGLAS ROAD, PENTHOUSE 8 CORAL GABLES FL 33134							<u> </u>			-	
CORAL GA	BLES FL 3	3134									
					City			FL Zip Coo	de		
8. The above r	named entity	submits this statement f	or the purpose of changing	its register	ed office o	r registered agen	at, or both, in the State of Florida.	•]	
										-	
SIGNATURE _	Signature, typed	or printed name of registered agen	t and title if applicable. (f	NOTE: Registere	ed Agent signa	ture required when reins	stating)	DATE]	
			EILE	NOWILL	CEC IC (NEG 60	6000033				
!			1	FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department o)01024			
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9.		MANAGING MEM	BERS/MEMBERS	10.		141149	ADDITIONS/CHA] 🥋	
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CITY- 8T- ZIP CITY- ST- ZIP 11. I hereby certify that the information supplied with this filing these 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 significant 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 employered to execute this report as required by Chapter 608, Florida Statutes.

TITLE

NAME STREET ADDRESS CITY-8T-ZIP

TITLE

NAME

STREET ADDRESS

SIGNATURE:

TITLE

TITLE: | WAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAM

OF SIGNING MANAGING MEMBER OR MANAGER

☐ Delete

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Addition