LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Mar 20, 2002 8:00 am Secretary of State

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DOCUMENT # L9900008143 1. Entity Name						Secretary of State 03-20-2002 90040 013 ****50.00				
SORELLE PARTNERS, LLC										
	DO NOT WRITE	IN TH	IS SI	PACE						
Principal Place of Business 3. Mailing Address										
			1202 Park Avenue North							
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE					
City & Stat	e	City & State	y & State			4. FEI Number Applied For				
Winter	Winter	Winter Park, Florida			- FO OCIONES			ot Applicable		
Zip 32789	Country USA	Zip 32789		Country USA			ficate of Status Desired	F ₁	5.00 Ad ee Require	
				Nam		. Name	and Address of Curren	t Registered /	Agent	
						Oohl & Short, P.A.				
				Stre	et Address (P. 280-We	O. Box N	lumber is Not Acceptable antori Ave.,	e) te410		
	IN THIS SE	PACE				<u> </u>	,			
				City	Winter	r Par	k	FL	Zip Cog 32789	le 1
8. The above	named entity submits this statement for	or the purpose of o	changing its	s registered offic				orida.	102,0	
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SIGNATURE .	Signature, typed or printed name of registered agent	t and title if anninable						DATE		
	Signature, typed or printed harrie or registered agent	ани ше п аррисале.						DAIL	<u>.</u>	
i				FEE IS \$50.0	e to Department of State					
		make		DUE BY MAY		Otale	·			
9.	MANAGING MEMBI	FRS/MANAGERS							-	
TITLE	MGRM			TITLE						
NAME	Cohen, Allan			NAME						67
STREET ADDRESS 1202 Park Avenue North				STREET ADDRE	ss					
Winter Park, Florida 3278				CITY-ST-ZIP						
TITLE MGRM				TITLE						
NAME Schultz, Michael STREET ADDRESS 19 Winter Lane				NAME STREET ADDRE	ss l					
STREET ADDRESS 19 Winter Lane CITY-ST-ZIP Huntington Station, NY 11746				CITY-ST-ZIP			•			
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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:

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

/Q10 4 /Date /

/Daytime Phone # >