2003 LIMITED LIABILITY COMPANY

Mailing Address

3. Mailing Address

Suite, Apt. #, etc.

City & State

115 N.W. 167TH STREET. #300

NORTH MIAMI BEACH FL 33169

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900008707

Country

6. Name and Address of Current Registered Agent

1. Entity Name

HYPO VENTURES, LLC

Principal Place of Business

115 N.W. 167TH STREET, #300

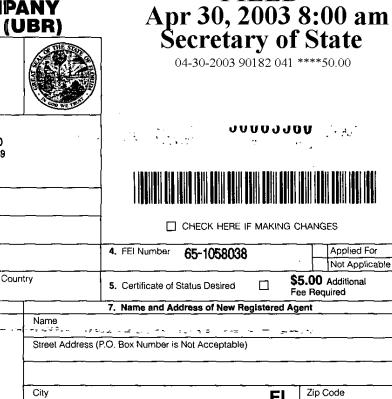
NORTH MIAMI BEACH FL 33169

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip



FILED

TRACY, GRANVIL'M 115 N.W. 167TH STREET, #300 NORTH MIAMI BEACH FL 33169 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, 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 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES **MGRM** ☐ Delete TITLE Change Addition NAME SABY, BEHAR NAME 115 NW 167TH ST. ,SUITE 300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP N. MIAMI BEACH FL 33169 TITLE MGRM ☐ Delete TITLE ☐ Change Addition NAME Jarvis. Bruce r NAME STREET ADDRESS STREET ADDRESS 115 NW 167TH ST., SUITE 300 CITY-ST-ZIP CITY-ST-ZIP N. MIAMI BEACH FL 33169 Change TITLE MGRM ☐ Delete TITLE Addition NAME GRANVIL, TRACY M NAME STREET ADDRESS STREET ADDRESS 115 NW 167TH ST., SUITE 300 CITY-ST-ZIP CITY-ST-7IP N. MIAMI BEACH FL 33169 TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP

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 employeed to execute by s report as required by Chapter 608; Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED MANAGER OR AUTHORIZED REPRESENTATIVE mended

Daytime Phone #