ED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900008903

1. Entity Name

APPROVED L99000008903

02 AUG 27 AM 10: 05

SECRETARY OF STATE TABLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

COLUMBIA GROVE PROPERTIES, LLC

1						
2. Principal	Place of Business	3. Mailing Address		_	96 8	224
208 ANDALUSIA AVE 3109 GRAND			c	J O .		** G #
S. C. A.		Sulte, Apt. #, etc.	<u>. </u>	_		
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City & Sta	ite 5	City & State		4. FEI Number		
COKAL	GABLES FL	MIAMI FL		6509634	71	Applied For
Zip	Country	Zip	Country	· · · · · · · · · · · · · · · · · · ·		Not Applicable
Zip 331	34 LISA	33133	USA	5. Certificate of Status (_ F	5.00 Additional se Required
}	•		Name	7. Name and Address of		Agent
	DO NOT W	RITE	MAX W STRANG Street Address (P.O. Box Number is Not Acceptable) 208 ANDALUSIA ASE			
	IN THIS CO					
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			City	IAL GABLES	FL	Zip Code
8. The above	named entity submits this statement for	the purpose of changing its socie		A CIVALES	FL	Zip Code 33134
	•	are purpose or changing its regis	arranen outlice ou tedit	stered agent, or both, in the St	ate of Florida.	_
SIGNATURE _				•		
•,	Signature, typed or printed name of registered agent or	d title if applicable.				
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			IS \$50.00			
	•	Make Check Payable	e to Department	of State		
9.		i	BY MAY 1			ì
TITLE '	MANAGING MEMBER	S/MANAGERS				
NAME	MORM	Т	TILE			
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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 path; that I am a managing member or manager of the immitted flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ___ G WEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

305-569-0068