LOOL GRIFORM BUSINESS REPORT (UBR) DOCUMENT # M00000000383 CAVE HOLDINGS-1016 HOWE STREET, LLC FILED Principal Place of Business 02 NOV -7 PM 12: 14 Mailing Address 60 FOSTERTOWN ROAD MEDFORD NJ 08055 60 FOSTERTOWN ROAD SECRETARY OF STATE TALLAHASSEE, FLORIDA MEDFORD NJ 08055 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Zip 22-3669323 Country Applied For Zip Country Not Applicable 5. Name and Address of Current Registered Agent 5. Certificate of Status Desired \$5.00 Additional C T CORPORATION SYSTEM Fee Required 7. Name and Address of New Registered Agent Name 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Street Address (P.O. Box Number is Not Acceptable) 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 Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstaling) DATE the first the property for the angle of the first of રોમાં તે પ્રાથમિક ભાગના શક્યાના 9. MANAGING MEMBERS/MANAGERS TITLE MGRM NAME Delete LOWELL P. CAVE ADDITIONS/CHANGES TITLE STREET ADDRESS 60 FOSTERTOWN ROAD NAME ☐ Change CITY-ST. ZIP 400008888064 MEDFORD NJ 08055 Addition | CR2FOR3 (4/n2) STREET ADDRESS TITLE 11/08/02--01057--001 CITY-ST-ZIP **50.00 NAME Delete TITLE STREET ADDRESS NAME CITY-ST-ZIP Change ☐ Addition STREET ADDRESS TITLE CITY ST. ZIP NAME Oslete TITLE STREET ADDRESS NAME ☐ Change CITY - ST - ZIP ☐ Addition STREET ADDRESS TITLE CITY-ST-ZIP NAME Delete TITLE STREET ADDRESS NAME ☐ Change CITY - ST - ZIP ☐ Addition STREET ADDRESS TITLE CITY-ST-ZIP NAME Delete TITLE STREET ADDRESS NAME Change CITY-ST-ZIP Addition STREET ADDRESS TITLE CITY-ST-ZIP NAME Delete TITLE STREET ADDRESS NAME CITY-ST-ZIP ☐ Addition STREET ADDRESS 11. Thereby 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. OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE



FIRST NATIONAL BANK OF THE FLORIDA KEYS KENNEDY DRIVE OFFICE KEY WEST FLORIDA 33040 63:1016/670

1582

PAY TO THE ORDER OF

МЕМО

Department of State

7/16/2002

**50.00

Department of State

Fifty and 00/100*****

DOLLARS

Department of State
Registration Section
Division of Corporations
P. O. Box 6327

Tallahassee, FL 32314-6327

FEI # 22-3669323

AUTHORIZED SIGNATURE

#*OO15B2#* #:O67010169#:

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CAVE HOLDING - 1016 HOWE STREET, LLC

Department of State

2002 Uniform Business Report

7/16/2002

1582

First National Bank

FEI # 22-3669323

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850-245-605/ DiANE Cushing 409 E. BAINES 5+-TAMPAASSZE, 7/.

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CAVE HOLDINGS 1016 HOWE STREET, LLC P. O. Box 1406 Key West, FL 33041

November 6, 2002

Department of State Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

ATTN: Diane Cushing

RE: 2002 Uniform Business Report

Dear Ms. Cushing:

Enclosed you will find the following:

Copy of check # 1582 dated 7/16/02 to Department of State Copy of 2002 Uniform Business Report

Check # 1653 in the amount of \$50.00 to replace Ck # 1582 which was never received by your office.

Per our conversation of today's date, we have a real estate closing for this company that is being delayed due to this LLC being inactive. Please reinstate and could you please give me a call at (305) 294-3416 to advise me of reinstatement. Thanks ever so much for your help.

Elaine London

Flaine Lorde

Bookkeeper