

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90582 013 ****50.00

**2003 LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # M00000000820																															
1. Entity Name PREZZO BOCA, LLC																															
Principal Place of Business 7820 GLADES RD., #175 BOCA RATON, FL 33434		Mailing Address 1515 S. FEDERAL HWY., STE 211 BOCA RATON, FL 33432																													
2. Principal Place of Business		3. Mailing Address																													
Suite, Apt. #, etc.		Suite, Apt. #, etc.																													
City & State		City & State																													
Zip	Country	Zip	Country																												
4. FEI Number 02-0516899		Applied For ☐ Not Applicable																													
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required																													
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 WAYS STREET TALLAHASSEE, FL 32301-2626		7. Name and Address of New Registered Agent																													
Name		Name																													
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)																													
City		City																													
FL		Zip Code																													
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 _____ Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agents licensed under other statutes)																															
<table border="1"> <thead> <tr> <th colspan="2">9. MANAGING MEMBERS / MANAGERS</th> <th colspan="2">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</td> <td>MGR GREWAL, NAROTAM S 28 CEDAR ROAD NORTH HAMPTON, NH 03862</td> <td>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</td> <td>☐ Delete</td> <td>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</td> <td>☐ Delete</td> <td>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</td> <td>☐ Delete</td> <td>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</td> <td>☐ Delete</td> <td>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</td> <td>☐ Delete</td> <td>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</td> <td>☐ Change ☐ Addition</td> </tr> </tbody> </table>				9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS/CHANGES		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR GREWAL, NAROTAM S 28 CEDAR ROAD NORTH HAMPTON, NH 03862	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.0(3)(k), 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 806, Florida Statutes.																															
SIGNATURE: <u>Joe Bailey</u> <u>Joe Bailey</u> <u>4.28.03 (609) 524-4559</u>																															

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CSE003 (10/02)