

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 25, 2003 8:00 am
Secretary of State

08-25-2003 90043 021 ****50.00

DOCUMENT # M00000001876

1. Entity Name

SAMBODROMO, LLC



Principal Place of Business

**600 LINCOLN RD.
MIAMI BEACH FL 33139**

Mailing Address

**600 LINCOLN RD.
MIAMI BEACH FL 33139**

2. Principal Place of Business

600 Lincoln Road

Suite, Apt. #, etc.

3. Mailing Address

same

Suite, Apt. #, etc.

City & State

Miami Beach, FL

City & State

4. FEI Number **22-3753726**

Applied For

Not Applicable

Zip

33139

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BILLERA, DANIELLE

**600 LINCOLN RD.
MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8/18/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **BILLERA, DANIELLE**
STREET ADDRESS **1438 THIRD AVE. #10D**
CITY-ST-ZIP **NEW YORK CITY NY 10028**

TITLE **MGRM** ☐ Delete
NAME **JOHNSON, MATTHEW**
STREET ADDRESS **415 E. 37TH ST. #17G**
CITY-ST-ZIP **NEW YORK CITY FL 10016**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
NAME **Billera, Danielle**
STREET ADDRESS **1438 Third Ave. #29D**
CITY-ST-ZIP **NEW YORK, NY 10028**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature]

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

8/18/03

Date

(212) 604-0600

Daytime Phone #

CR2E083 (4/03)