

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

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90007 037 \*\*\*\*50.00

DOCUMENT # M01000001102

1. Entity Name

Austin Harrelson, L.L.C. / A/D Design Group, LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

6421 N. Bay Rd.  
Suite, Apt. #, etc.

3. Mailing Address

6421 N. Bay Rd.  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami Beach, FL

City & State

Miami Beach, FL

4. FEI Number

22-3590966

Applied For

Not Applicable

Zip

33141

Country

Zip

33141

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Austin Harrelson

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

6421 N. Bay Rd.

City

Miami Beach

FL

Zip Code

33141

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE

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

DATE

**FEES IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

9.

MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

MGR  
Austin Harrelson  
6421 N. Bay Rd.  
Miami Beach, FL 33141

TITLE  
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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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4.15.02

CR2E083B (12/01)