2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M02000002242

1. Entity Name

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FILED Apr 16, 2003 8:00 am Secretary of State 04-16-2003 90034 028 ****50.00

)			A SERVE THE	ļ					
Principal Plac	e of Business	Mailing Address		-	-				
12422 ALT. A1A APT. Q4		12422 ALT. A1A APT. Q4 PALM BEACH GARDENS FL	33410						
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2 Principal D	Page of Business	3. Mailing Address							
2. Principal Place of Business		3. Manifuld variatess	ı <u>(</u>	1 1001-001 111 00110 1701 00111 00111 00111	#### 60 34 6 #### ############################	1866 ILBI 1881			
Suite, Apt. #, etc.		Suite, Apt. #, ètc.		CHECK HERE IF MAKING CHANGES					
		1800 SH	ames Dr ive	<u> </u>					
City & State		UESTBURY		4. FEI Number 11-3583316		oplied For ot Applicable			
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$5.00 44				
		11590	WA		Fee Require	d			
	6. Name and Address of Current R	legistered Agent	. Name	7. Name and Address of New Registe	red Agent				
	OLE, JAMES								
	22 ALT, A1A APT. Q4		Street Address	(P.O. Box Number is Not Acceptable)					
PALI	M BEACH GARDENS FL 33410								
			City		Zip Cod				
			<u>_</u>		FL				
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered office or registe	ered agent, or both, in the State of Florida.	I am familiar with,	and accept			
Ü	JAMES POOLE			4	linlas	ĺ			
SIGNATURE .	Signature, typed or printed name of registered agent ar	od title if applicable. (NOTE:	Registered Agent signature require	ed when reinstating)	起				
		FILE NO	W!!! FEE IS \$50.00						
		Make Check Payable	to Florida Departme	ent of State					
		Due	By May 1, 2003			(
9.	MANAGING MEMBER	S/MANAGERS	10.	ADDITIONS/CHAP	vGES				
TITLE	MGR	☐ Delete	TITLE		Change	☐ Addition			
NAME STREET ADDRESS	KAGAN, ERRAN 1800 SHAMES DRIVE		NAME Street Address						
CITY-ST-ZIP	WESTBURY NY 11590	•	CITY-ST-ZIP	•		1			
TITLE	MGR	□ Delete	TITLE		☐ Change	Addition			
NAME	Kagan, andrew		NAME			_ {			
STREET ADDRESS	1800 SHAMES DRIVE		STREET ADDRESS						
CITY-ST-ZIP	WESTBURY NY 11590		CITY-ST-ZIP						
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NAME STREET ADDRESS			NAME '						
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
	ertify that the information supplied with t	his filing does not qualify for t		action 119 07(2)(i) Florida Statutos Afurthe	or cortifu that the in	aformation			

I nereby certify that the information supplied with this filling does not quality 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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