

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

FILED
Mar 14, 2003 8:00 am
Secretary of State

03-14-2003 90005 003 ****50.00

DOCUMENT # M02000003287

1. Entity Name

BEACH BREAK OF KEY WEST, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

225 DUVAL ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

KEY WEST FLA

Zip
33040

Country

Zip

Country

4. FEI Number

65-0517434

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

MORDECHAI ARAZI

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

25 SEA LORE LANE

City

KEY WEST

FL

Zip Code

33040

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 applicable

DATE

FEE IS \$50.00

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEMBER MANAGING MM
MORDECHAI ARAZI
25 SEA LORE
KEY WEST FLA 33040

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR TRUSTEE

3/11/03

(305) 293 0992

CR2F0R3R /12/02