

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

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

03-14-2003 90005 001 ****50.00

DOCUMENT # M02000003290

1. Entity Name

A & M OF KEY WEST, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

329 DUVAL ST

Suite, Apt. #, etc.

3. Mailing Address

~~329 DUVAL ST~~ 225 DUVAL ST

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

KEY WEST FLA

Zip

33040

Country

City & State

KEY WEST

Zip

33040

Country

4. FEJ Number

65-0034715

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

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]

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
MORDECHAI ARAZI MEMBER
25 SEA LORE LANE
KEY WEST FLA 33040

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
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]*

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

Date

Daytime Phone #

3/11/03

(305) 2930996

CR25083R (12/02)