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

DOCUMENT#

MØ M03000002536

1. Entity Name

NAME

NAME

STREET ADDF.

CITY-ST-ZIA

STREET ADORESS

CITY-ST-ZIP

LASERRAVE LLC



FILED

SEP 22 AM 8: 40

DO NOT WRITE IN THIS SPACE					TALLAMA SHET THEORIDA	
2. Principal Place of Business 460 NW 1302 Dr. 3. Mailing Address 460 NW 130			ion O			
Suite, Apt. #, etc.		960 NW 130th Dr. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
Coral	City & State oral Springs, FL Coral Springs				4. FEI Number 74-3064556	Applied For Not Applicable
7307	Country USA	Zip 33-0-71	Country		5. Certificate of Status Desired	\$5.00 Additional Fee Required
					7. Name and Address of Current Registe	red Agent
DO NOT WRITE Street Address (P					id Finkelstein.	
IN THIS SDACE				P.O. Box Number is Not Acceptable)		
				14 120 P. Or		
City Cora				1 Sprags FL Zip Code 33071		
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 title if applicable. DATE						
FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1						
9.	MANAGING MEMBER	RS/MANAGERS	THE CONTRACTOR OF	-1		
NAME MGR	DAVID FINKELSTEIN		TITLE NAME			
STREET ADDRESS			ATTRIBUTE OF THE PROPERTY OF			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CORAL SPRINGS, FL	33071	CTTY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP		MV.	
TITLE			MLE			
NAME STREET ADDRESS			NAME STREET ADDRES	8		
CITY-ST-ZIP			CITY-ST-ZIP		DO NOT WR	IIE
TITLE			TITLE		IN THIS SPA	CE
NAME STREET ADDRESS			NAME STREET ADDRES	3		
CITY-ST-ZIP			CITY-ST-ZIP	7.7		
TITLE			- TITLE	r e		

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 flusted empowered to execute this report as required by Chapter 608, Florida Statutes.

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP TITLE 👌 NAME

SIGNATURE:

GING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/02)