

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90346 020 ***150.00

DOCUMENT # M97000000286

1. Entity Name
BROWNFAM LLC

Principal Place of Business Mailing Address
C/O GERSON PRESTON C/O GERSON PRESTON
666 71ST STREET 666 71ST STREET
MIAMI BEACH FL 33141 MIAMI BEACH FL 33141

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **98-0168916** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~ROBINSON, JIM~~
~~C/O GERSON PRESTON~~
~~666 71ST STREET~~
~~MIAMI BEACH FL 33141~~

Name **Joel S. Piotrkowski**
Street Address (P.O. Box Number is Not Acceptable)
c/o Green, Kahn & Piotrkowski, P.A.
317 - 71st Street
City **Miami Beach** **FL** Zip Code
33141

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 

(NOTE: Registered Agent signature required when reinstating)

3-5-02
DATE

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **GARCIA, MIKE**
CITY-ST-ZIP **9560 COLLINS AVE SUITE 101**
SURFSIDE FL 33154

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AUTHORIZED REPRESENTATIVE

3/13/02

(305) 861-0921

Date Daytime Phone #