0L UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90270 016 ****50.00

CUMENT # M99000000040
y Name
ILLE, LLC
MAXVILLE, LLC

al Place of Business	Mailing Address
ST 50TH STREET. 2ND FLOOR RK NY 10020	111 WEST 50TH STREET. 2ND FLOOR NEW YORK NY 10020

DO NOT WRITE IN THIS SPACE

ncipal Place of Business	3. Mailing Address
ite, Apt. #, etc.	Suite, Apt. #, etc.
y & State	City & State
Country	Zip / Country

4. FEI Number ~~13-4040457~~ NONE ☐ 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
T CORPORATION SYSTEM 00 SOUTH PINE ISLAND ROAD ANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

ne above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

NATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable.

[redacted]

MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
ET ADDRESS -ST-ZIP	MGR BERGREEN, BERNARD 111 WEST 50TH STREET, 2ND FLOOR NEW YORK NY 10020 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
ET ADDRESS -ST-ZIP	MGR MOODY, NATALIE P 111 WEST 50TH STREET, 2ND FLOOR NEW YORK NY 10020 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
ME EET ADDRESS -ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
LE ME REET ADDRESS Y-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
LE ME REET ADDRESS TY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TLE ME REET ADDRESS TY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (11/00)

1. 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: _____ 4-30-03 904-548-1033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #