2000 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nam		0000579	,	FILED 00 JAN 28 PM 4: 2	23	
Principal Place of Business Mailing Address				SECRETARY OF STATE		
258 COMMERCIAL BOULEVARD. SUITE 2A LAUDERDALE-BY-THE-SEA FL 33308-4439		258 COMMERCIAL BOULEVARD. SUITE 2A LAUDERDALE-BY-THE-SEA FL 33308-4439		SECRETARY OF STATE TALLAHASSEE. FLORIDA		
LAODENDALE	· ·	ENGLISHED OF THE OUT	2 00000 1700	1 24 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
2. Principal Place of Business		3. Mailing Address			18 11 18 11 11 11 11 11 11 11 11 11 11 1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number	Applied For	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$5.00 Additional Fee Required	
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered	1 Agent	
RUSSO, DANIELLE 258 COMMERCIAL BOULEVARD, SUITE 2A LAUDERDALE-BY-THE-SEA FL 33308			Street Address	Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above			gistered office or regis	tered agent, or both, in the State of Florida.		
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable (NOTE. F	legistered Agent signature requi	red when reinstating) DATE	<u></u>	
	- 120 - 1	Make Check Paya	V!!! FEE IS \$50.00 able to Department	l l		
9. TITLE	MANAGING MEMBE	Delete	10.	ADDITIONS/ CHANGE	Change	
NAME STREET ADDRESS CITY-ST-ZIP	RUSSO, DANIELLE 258 COMMERCIAL BOULEVARD, LAUDERDALE-BY-THE-SEA FL 33	SUITE 2A	NAME STREET ADDRESS CITY-ST-ZIP		11440 -01082014 0_*****50.00	
TITLE		☐ Deleta	TITLE NAME STREET ADDRESS CITY- ST- ZIP		Change	
TITLE MAME STREET ADDRESS GITY-ST-ZIP		Celette	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	
TITLE MAME STREET ADDRESS		☐ Delete	TITLE MAME STREET ADDRESS		☐ Change ☐ Addition	
CITY-ST-ZIP			CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Deleta	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
MAME STREET ADDRESS	SOUTHAND THE	76 Costs Detecto	TITLE NAME STREET ADDRESS		Change Addition	
CITY-ST-ZIP			CITY-81-ZIP	<u></u>		
* 1° indicated	certify that the information supplied with on this report is true and accurate and bility company or the receiver or trustee	that my signature shall have the	e same legal effect as i	Section 119.07(3)(i), Florida Statutes. I further of f made under oath; that I am a managing mem apter 608, Florida Statutes.	ertify that the information ber or manager of the	