2000	) UNIF	ORM BU	ISINESS R	)	APPROVEĎ					
DOCU 1. Entity Nam	MENT #	м99000	001919		AND FILED					
CABALL:	ERO SPA	NISH MED	IA L.L.C.		<b>*</b> -	00	00 JUL 26 PM 3: 59			
,						SF	CRETARY OF	STATE		
Principal Place of Business Mailing Address				i		FALI	FALL AHASSEE. FLORIDA			
	Place of Busines		3. Mailing Addre		- · · ·					
	ark Ave	<u>nue</u>	2090 Pal		n Lakes	<del></del>	AT MADITE IN TUIC CO	ACE.		
Suite, Apt. #, etc. 5th Floor				Suite, Apt. #, etc. Suite 300			DO NOT WRITE IN THIS SPACE			
City & Stat			City & State			4. FEI Number		- Ap	plied For	
•	ork, NY		West Pal	m Beac	h, FL	L 13-3873754N			t Applicable	
Zip		Country	Zip 33409	I	Country USA	5. Certificate of Status De		5.00 Add		
10020	6 Name a	USA	rent Registered Agent		- I	7. Name and Address of		,	<u> </u>	
Ta7 - 1 1 - 1 - 1		cEntee,			Name					
			s_B1vd., #3	ሰበ-						
		ach, FL		00 ,.	- Street Add	Iress (P.O. Box Number is Not Acce	ptable)			
Mesc I	raim De	acm, ru	33403			<del></del>				
					-			Zip Code		
			<del>-</del>		City	_	FL	ZIP Code	;	
8. The above	named entity s	ubmits this stateme	ent for the purpose of cha	inging its reg	stered office or re	egistered agent, or both, in the Stat	e of Florida.	· ·		
	/	<b>-</b>		_ ` `						
SIGNATURE 1		3	<u> </u>			. McEntee, Jr. 2	DATE			
	Signature, typed or	nated flame of registered	agent and title if applicable.	(NOTE: Rec	pistered Agent signature	required when reinstating)	DAIE			
				FILE NOW	FEE IS \$5(	0.00				
			1995 Sept. 10. 12. 13. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15	4.图字字图9.14.20字字图字22.47图字字字	le to Departm	作的。APPARE APPARE APPARE APPARE				
9.	. 5	MANAGING M	EMBERS/MEMBERS		10.	ADD	TIONS/CHANGES			
TITLE	CEO	Inc		elete	TITLE			Change	Addition	
NAME		o Caballe			NAME		Q33 <u>4</u> 24			
		rk Avenue			STREET ADDRESS CITY-ST-ZIP		8/01/0001			
CITY-ST-ZIP		rk, NY 10				<del>*</del>		*************************************	Addition	
TITLE	Presid		n G RM 🗆 00	elete	TITLE NAME		L	Change		
NAME STREET ADDRESS	Ramon Pineda 100 Park Avenue				STREET ADDRESS					
CITY-ST-ZIP					CITY-ST-ZIP					
TITLE	New York, NY 10020			TITLE			Change	Addition		
NAME		ne JMc-Fi	ntee, Jr.	SUPIG.	NAME					
STREET ADDRESS			h Lakes Blv	d. #3	OTREET ADDRESS					
CITY-ST-ZIP	West P	alm Beacl	h, FL 33409	,, ,,	CITY-ST-ZIP					
TITLE	į ·		☐ De	elete	TITLE			Change	Addition 🗌	
NAME				· ·	NAME					
STREET ADDRESS					STREET ADDRESS					
CITY-ST-ZIP					CITY-ST-ZIP					
TITLE I			☐ De	elete	TITLE '			Change	Addition	
NAME				1	NAME OTOSET ADDRESS					
STREET ADDRESS:	r				STREET ADDRESS					

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.

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

SIG	NA	<b>NTL</b>	JR	E:	3

TITLE

NAME

STREET ADDRESS

William J. McEntee, SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

561-227-0600

■ Addition

☐ Change