Zip Country Zip Country S. Certificate of Status Desired S82.75 Au Sea Require Sea Require 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent SALADRIGAS, ELIZABETH S 10061 COSTA DEL SOL BLVD. MAM FL 33178 Name and Address of New Registered Agent 7. Name and Address of New Registered Agent City FL Z p Cod City FL Z p Cod 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. Stick1 Address (P.O. Box Number is Not Accestrate) Date - FLE NOW!!! FEE S 150.00 Make Check Payable to Department of State Date Stocd Address of Depictering Stocd Address of New Registering Control Campaign Financing Stocd Address of Depictering Stocd Address of Depictering <th colspan="3">FILED May 13, 2002 8:00 ar Secretary of State 05-13-2002 90250 047 ***150.00</th> <th>(UBR)</th> <th colspan="6">2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P0000067828 LLI & S CORPORATION</th>	FILED May 13, 2002 8:00 ar Secretary of State 05-13-2002 90250 047 ***150.00			(UBR)	2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P0000067828 LLI & S CORPORATION					
A manual problem of provides and provides of the propose of changing its registered of the provides and were served agent of the propose of changing its registered of the provides and were served agent of the propose of changing its registered agent, or both, in the State of Fords. Side Aptile Applies and were served agent of the propose of changing its registered agent, or both, in the State of Fords. Side Aptiles agent and were served agent of the propose of changing its registered agent, or both, in the State of Fords. Side Aptiles agent and were served agent of the propose of changing its registered agent, or both, in the State of Fords. Side Aptiles agent and were served agent of the propose of changing its registered agent, or both, in the State of Fords. Side Aptiles agent and were served agent of the propose of changing its registered agent, or both, in the State of Fords. Side Aptiles	1488 2812 1819				Costa del sol blvd.	10061 CC		DEL SOL BL	10061 COSTA	
A minip Address A man and Address of Current Registered Agent City & State City & FL Ze Cod City FL					A 2 1					
City & State A. FEI Number FS-1023830 A. Zip Country Zip Country Set 75 Aug B. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent SALADRIGAS, ELIZABETH S 10061 COSTA DEL SOL BLVD. MAMM PL 33178 Namin Street Address (P.O. Box Number is Not Acceptable) City & FL Zip Cod City FL Zip Cod 8. The above named entity submits this statement for the purpose of changing is registered Agent agration requires agents in the State of Florida. Street Address (P.O. Box Number is Not Acceptable) SIGNATURE					-					
Zio Country Zip Country S. Certificato of Status Desired \$8.75 As Refacular S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent SALADRIGAS, ELIZABETH S Street Address (P.C. Box Number is Not Acceptable) City FL Zip Cod MAMI PL 33178 City FLE_NOW!!! FEE S150.00 Street Address (P.C. Box Number is Not Acceptable) DATE 9. This corporation is digibilatio ananglobe City FLE_NOW!!! FEE S150.00 After May 1, 202 Fee will be \$550.00 Name 7. This corporation is digibilatio ananglobe City FLE_NOW!!! FEE S150.00 In. Electon Campaign Financing \$5.400 7. This corporation is digibilatio ananglobe City Status In. Electon Campaign Financing \$5.400 7. This corporation is digibilatio ananglobe City Status In. Electon Campaign Financing \$5.400 7. This corporation is digibilationanglobe City Status City Status City Status 9. This corporation is digibilationanglobe City Status City Status City Status 9. This corporation is digibilationanglobe City Status City Status City Status 9. This corporation is digibilitionanglobe City Status City Status City Status 10. OFFICERS A	-	I THIS SPACE	 DO NOT WRITE IN THE 		, Apt. #, etc.	Suit <u>e</u> , /	and the second	:. # <u>, etc.</u>	Suite, Apt.	
Zip Country S. Certificate of Status Desired \$8,75, ad Face Require S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent SALADRIGAS, ELIZABETH S 10061 COSTA DEL SOL BLVD. MAMM FL 33178 Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Cod 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 Foxida. SIGNATURE City FL Zip Cod a. The above named entity submits this statement for the purpose of changing its registered agent	pplied For ot Applicable	65-1023830		4.	City & State		/ & State		City & Stat	
B. Name and Address of Current Registered Agent Address of New Registered Agent Address (P.O. Box Number is Not Acceptable) Stroot Address (P.O. Box Number is Not Acceptable) City FL Zip Cod Stroot Address (P.O. Box Number is Not Acceptable) City FL Zip Cod City FL Zip Cod City FL Zip Cod Stroot Address (P.O. Box Number is Not Acceptable) City FL Zip Cod Stroot Address (P.O. Box Number is Not Acceptable) City FL Zip Cod Stroot Address (P.O. Box Number is Not Acceptable) City FL Zip Cod Stroot Address (P.O. Box Number is Not Acceptable) City FL Zip Cod Stroot Address City FL Zip Cod Stroot Address SignArative registered agent, or both, in the State of Florida. SignArative registered agent actitle if appleable (City FL SignArative registered agent, or both, in the State SignArative registered agent, or both, in the State SignArative registered agent, or both SignArative register	ditional	\$8.75 Add	Certificate of Status Desired	try 5.	Cour	Zip	Country		Zip	
SALADRIGAS, ELIZABETH S 10061 COSTA DEL SOL BLVD. MAMI FL 33178 Street Address (P.O. Box Number is Not Acceptable) City FL Z p Cod City FL Z p Cod B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Street Address (P.O. Box Number is Not Acceptable) SIGNATURE			Name and Address of New Registere		l Agent	nt Registered	and Address of Current	6. Name		
10061 COSTA DEL SOL BLVD. MIAMI FL 33178 City FL Zip Cod 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. Side of Florida. Side of Florida. SiGNATURE Byrawne, hyper or permonance or registered agent, or both, in the State of Florida. (NOTE Registered Agent liphane registered agent, or both, in the State of Florida. Date 9. This corporation is eligible to satisfy its managiple. Tax filing requirement and elects to do so. (See offerida on back) FLE.NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State 10. Election Campaign Financing State \$5.0 Xadder 11. OFFICEERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Trut NAME 1061 COSTA DEL SOL BLVD. (301: S1: 2P) Intel NAME Intel NAME Change Steer Address 201: S1: 2P Intel NAME Intel NAME Change Steer Address 201: S1: 2P Intel NAME Intel NAME Change Steer Address 201: S1: 2P Intel NAME Intel NAME Change Steer Address 201: S1: 2P Intel NAME Intel NAME Intel NAME Steer Address 201: S1: 2P Intel NAME Intel NAME Intel NAME S			av Number is Not Acceptable)			SALADRIGAS, ELIZABETH S			SALADRIG	
City FL Zip Cod 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. State of Florida. SIGNATURE Signature, hyped or primed name of registered agent and the # apokaste. (HOTE: Registered Agent expanse required when reinstance): Date 9. This corporation is eligible to satisfy its infancing: Image: Flue.NOW!!! FEE IS \$150.00 10. Election Campaign Financing S5.0 (See orderia on back) Image: OPFICERS AND DIFECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS Change Make Honess Image: Operation is eligible to satisfy its infancing: Image: Operation is registered agent, or both, in the State of Florida. Image: Operation is eligible to satisfy its infancing: S5.0 (See orderia on back) OFFICERS AND DIFECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS Image: Operation is registered agent, or both, in the State of Florida. State # ADDRS Signature, hyped of DS DE SD LEUVD. Image: Operation is registered agent, or both, in the State of Florida. Image: Operation is registered agent, or both, in the State of Florida. Make Image: Operation is eligible to assistly its infancing: Signature, hyped of the Appendix is registered agent, or both, in the State of Florida. Image: State is registered agent, and its registered agent,		ess (P.O. Box Number is Not Acceptable)					iol Blvd.			
B. The above named entily submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, speed or privide layers and the # applicable. (PUTE: Registered Agent agratume industrie) DATE Signature, speed or privide layers and the # applicable. (PUTE: Registered Agent agratume industrie) DATE Signature, speed or privide layers and the # applicable. (PUTE: Registered Agent agratume industrie) DATE Signature, speed or privide layers agreed and the # applicable. (PUTE: Registered Agent agratume industrie) DATE Signature, speed or privide layers agreed and the # applicable. (PUTE: Registered Agent agreed and the # applicable. (PUTE: Registered Agent agreed and the # speed agreed a	e	Zip Code		Citv				331/8	MIAMI PL	
NIGNATURE Horder Anymol or printed name of registered agent and life if applicable. (NOTE: Registered Agent agrows required when reinstating) DATE 9This_corporation is eligible.to satisfy its intangible. Tax illing requirement and elects to do so. (See oriteria on back)						for the purpose		· `		
TILE PD Image Ima	IO May Be d to Fees	Added	Trust Fund Contribution.	will be \$550.00 partment of State	After May 1, 2002 Fee ke Check Payable to D	A Make	and elects to do so.	requirement a	Tax filing i (See criter	
NAME STREET ADDRESS JITY-ST-ZIP ITLE ITREET ADDRESS STREET ADDRESS STREE	S IN 11		DITIONS/CHANGES TO OFFICERS A	T ADDRESS	Delete TITL NAM STR	D DIRECTORS	as, Elizabeth s Sta del sol blvd.	SALADRIG	title Name Street address	
ITLE Delete TITLE Change IAME STREET ADDRESS CITY - ST - ZIP ITLE Delete ITTLE ITLE Delete STREET ADDRESS ITY - ST - ZIP CITY - ST - ZIP ITLE Delete ITTLE AME STREET ADDRESS CITY - ST - ZIP ITLE Delete ITTLE AME STREET ADDRESS CITY - ST - ZIP ITLE Delete ITTLE AME STREET ADDRESS CITY - ST - ZIP ITTEE Delete ITTLE NAME STREET ADDRESS CITY - ST - ZIP ITTEE Delete ITTLE AME STREET ADDRESS CITY - ST - ZIP ITTEE Delete ITTLE AME STREET ADDRESS CITY - ST - ZIP <	Addition	📑 Change		T ADDRESS	NAM			 	AME STREET ADDRESS	
AME NAME ITREET ADDRESS STREET ADDRESS ITY - ST - ZIP CITY - ST - ZIP TLE Delete AME NAME IREET ADDRESS STREET ADDRESS ITY - ST - ZIP CITY - ST - ZIP TLE Delete NAME STREET ADDRESS ITY - ST - ZIP CITY - ST - ZIP ITTEE - VITY - ST - ZIP CITY - ST - ZIP ITTEE - VITY - ST - ZIP TITLE ITTEE - VITY - ST - ZIP Delete ITTEE - VITY - ST - ZIP TITLE ITTEE - VITY - ST - ZIP TITLE ITTEE - VITY - ST - ZIP CITY - ST - ZIP	Addition	Change .		T ADDRESS	Delete Titli NAM Stree	тт- тт- тал J.			ITLE Ame Treet address	
ITY-ST-ZIP STREET ADDRESS ITY-ST-ZIP Delete ITLE Delete AME NAME ITREET ADDRESS STREET ADDRESS ITY-ST-ZIP CHTY-ST-ZIP ITTE Change NAME STREET ADDRESS ITY-ST-ZIP CHTY-ST-ZIP ITTE Delete ITTE ITTLE ITTE CHTY-ST-ZIP ITTE CHTY-ST-ZIP ITTE Change AME STREET ADDRESS ITY-ST-ZIP CHTY-ST-ZIP ITTLE Change ITTE STREET ADDRESS ITTLE Change ITTE STREET ADDRESS ITY-ST-ZIP CHTY-ST-ZIP	Addition	Change	······································							
TLE Delete TITLE Change AME NAME STREET ADDRESS STREET ADDRESS ITY_ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TLE Delete TITLE AME Delete TITLE ITY_ST-ZIP Delete TITLE ITY_ST-ZIP Delete TITLE ITY_ST-ZIP Delete TITLE ITTEE Delete TITLE ITY_ST-ZIP CITY-ST-ZIP Change				TADDRESS	STRE		<u> </u>		TREET ADDRESS	
IREET ADDRESS STREET ADDRESS ITAGT-2P CITY-ST-ZIP ITAGT-2P Delete	Addition	Change								
AME NAME TREET ADDRESS TY-ST-ZIP CITY-ST-ZIP	1. 1. 1. 1. 1. 1		: ,	T ADDRESS	STRE			3	TREET ADDRESS	
3. 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 in	Addition	🗋 Change		T ADDRESS	NAM		- 3 ⁻	l is ear - a	ME REET ADDRESS	
3. 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 in indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer of the corporation or the received or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or changed, or on an attachment in an address, with all other like empowered.	formation or director Block 12 if	her certify that the inf that I am an officer o bears in Block 11 or I	19.07(3)(i), Florida Statutes. I further c goal effect as if made under oath; that a Statutes; and that my name appears	nption stated in Section ire shall have the same l ad by Chapter 607, Flori	oes not qualify for the exercuter courate and that my signat secute this report as require like empoweres	ith this filing doe is true and acc powered to exe , with all other l	e information supplied with t or supplemental report is he received or trustee empo- ichment with an address, w	certify that the on this report poration or th or on an atta	 I hereby c indicated of the corr changed, 	