

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**

0015266

**DOCUMENT # L00000005645**

1. Entity Name

**SANTA CLARITA, LLC**

02-05-2002 90072 005 \*\*\*\*\*50.00

Principal Place of Business

1690 THE TWELFTH FAIRWAY  
 WELLINGTON FL 33414

Mailing Address

1690 THE TWELFTH FAIRWAY  
 WELLINGTON FL 33414

2. Principal Place of Business

1690 the 12th Fairway

3. Mailing Address

1690 the 12th Fairway

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Wellington, FL

City & State

Wellington, FL 33414

4. FEI Number

65-1009457

Applied For

Not Applicable

Zip

33414

Country

USA

Zip

33414

Country

USA

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

HILDA M. PORRO, P.A.  
 12773 W. FOREST HILL BLVD., SUITE 1201  
 WELLINGTON FL 33414

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Hilda M. Porro, P.A.

01-11-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE: MGRM  
 NAME: ESCOBAR, FRANCISCO  
 STREET ADDRESS: 1690 THE TWELFTH FAIRWAY  
 CITY-ST-ZIP: WELLINGTON FL 33414

10. ADDITIONS/CHANGES

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

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 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 REQUIRED**

01-11-02 (561) 371-8808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)