2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000006631

1. Entity Name

COMEZ & COMEZ ASSOCIATES LLC



FILED Jul 14, 2003 8:00 am Secretary of State 07-14-2003 90091 031 ****55.00

GOIVIEZ & GOIVIEZ ASSOCIATES, LEC	/		y (
Principal Place of Business i5555 NW 36TH AVE HIALEAH FL 33142	Mailing Address 5555 NW 36TH AVE HIALEAH FL 33142	<u></u>	
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2. Principal Place of Business	3. Mailing Address	. •	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & State	City & State	<u> </u>	4. FEI Number 65-1019537 Applied For Not Applied be
Zip Country	Zip	Country	S. Certificate of Status Desired S. S. O Additional Fee Required
6. Name and Address of Currer	t Registered Agent		7. Name and Address of New Registered Agent
GOMEZ, MIGUEL 5555 NW 36TH AVE HIALEAH FL 33142		Name Street Address	s (P.O. Box Number is Not Acceptable)
\$.		City	FL Zip Code
The above named entity submits this statement the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered age.		registered office or regist	tered agent, or both, in the State of Florida. I am familiar with, and accept
	Make Check Payab	OW!!! FEE IS \$50.00 le to Florida Departm v September 24, 2003	ent of State
9. MANAGING MEMB	BERS/MANAGERS	10.	ADDITIONS/CHANGES
TITLE PD GOMEZ, MIGUEL STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33142	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VPD NAME GOMEZ, FRANCISCO STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33142	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete · ·	NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	, ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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