2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State
04-17-2003 90034 042 ****50.00

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DOCUMENT # L01000002127

1. Entity Name
ST. LUCIE INTERNATIONAL SERVICES, L.L.C.

Principal Place of Business	Mailing Address
587 ROMORA BG PT ST LUICE FL 34886	587 ROMORA BG PT ST LUICE FL 34886

2. Principal Place of Business	3. Mailing Address
460 NW CONCOURSE PLC	SAME
Suite, Apt. #, etc.: SUITE 4 & 5	Suite, Apt. #, etc.:
City & State: PORT ST. LUCIE, FL	City & State:
Zip: 34986 Country: USA	Zip: Country:

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1075537 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ABONDANO CAPELLA, JOAQUIN
2328 S.E. BRECKENRIDGE CIR.
PT. ST. LUCIE FL 33452

7. Name and Address of New Registered Agent

Name: JOAQUIN ABONDANO
Street Address (P.O. Box Number is Not Acceptable): 587 ROMORA BAY
City: PORT ST. LUCIE FL Zip Code: 34986

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] 4-14-03
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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ABONDANU, JOAQUIN 587 ROMORA BG PORT SAINT LUCIE FL 34986 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition Abondano, Joaquin 587 Romora Bay
TITLE 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (10/02)

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 [signature] 4-14-03 772 3445852
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #