

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90106 030 ****50.00

DOCUMENT # L02000011122

1. Entity Name
THE LAW OFFICE OF NYDIA MENENDEZ, LLC



Principal Place of Business

4953 SW 32ND WAY
FORT LAUDERDALE FL 33312
US

Mailing Address

5840 STIRLING ROAD
148
HOLLYWOOD FL 33021
US

20014871



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

4925 Sheridan Street

3. Mailing Address

4925 Sheridan Street

Suite, Apt. #, etc.

Suite 102

Suite, Apt. #, etc.

Suite 102

City & State

Hollywood, Florida

City & State

Hollywood, Florida

4. FEI Number

030438804

Applied For

Not Applicable

Zip

Country

33021

Broward

Zip

Country

33021

Broward

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MENENDEZ, NYDIA
5840 STIRLING ROAD
148
HOLLYWOOD FL 33021

Name

Same

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

SIGNATURE

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	Delete
MGR	MENENDEZ, NYDIA	5840 STIRLING ROAD #148	HOLLYWOOD FL 33021	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
Manager	Nydia Menendez	4925 Sheridan Street, Suite 102	Hollywood, Florida 33021	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Nydia Menendez
SIGNATURE RE MANAGER

1/7/03 (954) 963 7220

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

Date Daytime Phone #

CR2E083 (10/02)