

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT**

L02000029702

DOCUMENT # ~~L02000029702~~

1. Entity Name

LOGIMIX LLC.

9/26/03



FILED

03 NOV 10 PM 2:06

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

950 South Pine Island Rd.

3. Mailing Address

950 South Pine Island Rd.

Suite, Apt. #, etc.

A-150-118

Suite, Apt. #, etc.

A-150-118

City & State

PLANTATION, FL

City & State

PLANTATION, FL

4. FEI Number

57-1141499

Applied For

Not Applicable

Zip
33324

Country
USA

Zip
33324

Country
USA

5. Certificate of Status Desired

\$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name Leopoldo J. Rios

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

1800 West 49th Street Suite # 301

City Hialeah

FL

Zip Code
33012

**DO NOT WRITE
IN THIS SPACE**

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.

DATE

11/7/2009

FEE IS \$50.00

Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGR Goncalves, Oscar 2240 NW 87th Ave Miami FL 33172

TITLE NAME STREET ADDRESS CITY-ST-ZIP
300024897943
11/21/03--01007--009 **50.00

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGR Goncalves, Juan Carlos 2240 NW 87th Ave Miami FL 33172

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGR Badiello, Caterina 2240 NW 87th Ave Miami FL 33172

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE NAME STREET ADDRESS CITY-ST-ZIP
STATEMENT 2003

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

Date

Daytime Phone #

CR2E083B (12/02)

L020000 29702

LOGIMIX, LLC

November 7th, 2003

FILED
NOV 10 PM 2:06
TALLAHASSEE, FLORIDA

Florida Department of State
Reinstatement Section
PO BOX 6327
Tallahassee FL 32314

RE LOGIMIX, LLC.
Doc. Number: L0200029702

Dear Sir/Madam:

This letter is written regarding a Reinstatement of the above-mentioned corporation.

Regarding the 2003 Uniform Business Report for this Corporation, we never received the originals UBR first because we moved from the original mailing address and second because that address had a mistake in the zip code in your files (33712 instead of 33172) Please take this explanation as an apology in our part, and accept this UBR 2003 with the information you needed signed by the new registered agent and kindly reinstate our Corporation. Again, we apologize for any inconvenience

Very Truly Yours,

LOGIMIX, LLC


Oscar Goncalves
Managing Member

