

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

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90044 022 *****50.00

DOCUMENT # L02000031954

1. Entity Name

ORPADACA, LLC



30052129

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2588 SW 27TH AVE

Suite, Apt. #, etc.

3. Mailing Address
2588 SW 27TH AVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number 05-0541530

Applied For
Not Applicable

Zip
33133

Country
U.S.

Zip
33133

Country
U.S.

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

7. Name and Address of Current Registered Agent

Name ANTONIO GARCIA

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

2588 SW 27TH AVE.

City MIAMI

FL

Zip Code
33133

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

4-1-03

DATE

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
ESCOBAR, PATRICIA E.
2588 SW 27TH AVE. MIAMI, FL 33133

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGR
HERRERA, EULOGIO O.
2588 W 27TH AVE. MIAMI, FL 33133

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

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)

4-01-03

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

Date

Daytime Phone #

CR2E083B (12/02)