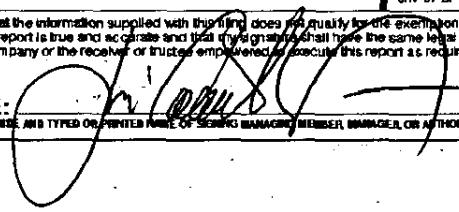


FILED
Aug 28, 2003 8:00 am
Secretary of State

04-14-2003 90899 044 ****55.00

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

DOCUMENT # L02000032588			
1. Entity Name INVERLEG L.L.C.			
Principal Place of Business 2121 PONCE DE LEON BLVD., SUITE 240 CORAL GABLES, FL 33134		Mailing Address 2121 PONCE DE LEON BLVD., SUITE 240 CORAL GABLES, FL 33134	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent PRATS, GABRIEL 2121 PONCE DE LEON BLVD., SUITE 240 CORAL GABLES, FL 33134		4. FEI Number 14-1860571 Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____ DATE _____ Signature, include printed name of registered agent and fee if applicable. (NOTE: Registered Agent's signature required when a new agent is named.)			
			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEGA, JOSE CAMILO 2121 PONCE DE LEON BLVD., SUITE 240 CORAL GABLES, FL 33134 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEGA, BEATRIZ 2121 Ponce de Leon suite 240 CORAL GABLES, FL 33134 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AKL DE LEGA, DENISE 2121 PONCE DE LEON BLVD., SUITE 240 CORAL GABLES, FL 33134 ☐ 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
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 606, Florida Statutes.			
SIGNATURE:  _____ SIGNATURE AND TYPED OR PRINTED NAME OF SERVING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

55055219

☒ CHECK HERE IF MAKING CHANGES

CR2003 (10/02)

FROM:

FAX NO. : 3053613567

Aug. 08 2003 02:37AM P1

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000032588

1. Entity Name
INVERLEG L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
14-1860571

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

7. Name and Address of Current Registered Agent

INVERLEG LLC
#14-1860571

112

08-181670 76

DATE April 8, 03

PAY TO THE ORDER OF FLORIDA Dept. of STATE

\$ 55.00

fifty five and 00/100

DOLLARS



FOR Uniform Business Report UBR

Beatmlog

0001120 00670015180 80342594190

**DO NOT WRITE
IN THIS SPACE**

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP

11. I hereby certify that the information supplied on this report does not qualify for the exemption stated in Section 119.07(3)(b), 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. I am a managing member or manager of the limited liability company or the receiver of assets of the company to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE:

JOSE CAMILO LEGA

April 8/2003 3054480142

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

DATE