2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State
02-05-2002 90072 005 ****50.00

0015266

DOCUMENT # L00000005645

1. Entity Name

SANTA CLARITA, LLC

Principal Place of Business	Mailing Address
1690 THE TWELFTH FAIRWAY WELLINGTON FL 33414	1690 THE TWELFTH FAIRWAY WELLINGTON FL 33414

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1690 the 12th Fairway Suite, Apt. #, etc.	1690 the 12th Fairway Suite, Apt. #, etc.
City & State: Wellington, FL	City & State: Wellington, FL 33414
Zip: 33414 Country: USA	Zip: 33414 Country: USA

4. FEI Number 65-1009457 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HILDA M. PORRO, P.A.
12773 W. FOREST HILL BLVD., SUITE 1201
WELLINGTON FL 33414

7. Name and Address of New Registered Agent

Name

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.

SIGNATURE Hilda M. Porro, P.A. 01. 11. 02
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 Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ESCOBAR, FRANCISCO 1690 THE TWELFTH FAIRWAY WELLINGTON FL 33414	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (9/01)

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 01. 11. 02 (561) 371-8808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #