

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

FILED
Jun 25, 2002 8:00 am
Secretary of State

06-25-2002 90441 040 ****55.00

DOCUMENT # LD1000015781

1. Entity Name

221 Antiquera LLC

DO NOT WRITE IN THIS SPACE

969561

2. Principal Place of Business

1110 Brickell Ave

3. Mailing Address

Suite, Apt. #, etc.

#210

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami

City & State

4. FEI Number

☐ Applied For

☒ Not Applicable

Zip

Fl.

Country

Dade

Zip

Country

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

7. Name and Address of Current Registered Agent

Name

Larry S RIFKIN

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

1110 Brickell Ave

City

Miami

FL

Zip Code

33131

**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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

DATE

6/11/02

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Manager
CARIDAD ANTON
1180 NW 26 Ave Rd
Miami Fl. 33125

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 #

Caridad Anton 6/11/02 371-2777

CR2E083B (12/01)