2003 LIMITED LIABILITY COMPANY

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000008460

Country

ABRIL, EDUARDO L

2100 W 76 ST STE 310 HIALEAH FL.33016

FLAGAMI TWO LLC

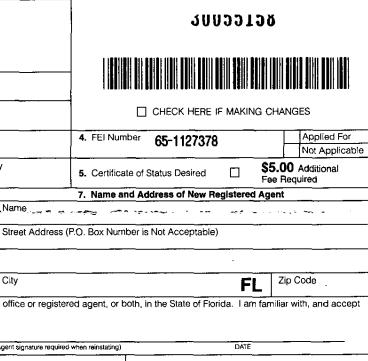


Principal Place of Business	Mailing Address	
2100 W 76ST STE 310 HIALEAH FL 33016	2100 W 76ST STE 310 HIALEAH FL 33016	
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State .	<u> </u>

Zip

Apr 15, 2003 8:00 am Secretary of State

04-15-2003 90029 043 ****50.00



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.

City

Country

Zip

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

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003

9.	MANAGING MEMBERS/MANAGI	ERS	10.	ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ABRIL, EDUARDO L 2100 W 76ST STE 310 HIALEAH FL	☐ Delété	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition
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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)(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 I ANAGER, OR AUTHORIZED REPRESENTATIVE Date

Daytime Phone #