

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 92173 009 \*\*\*\*50.00

0014759

**DOCUMENT # L02000018658**

1. Entity Name

**203 SUNNY INVESTMENT, LLC**



Principal Place of Business

Mailing Address

**2200 SOUTH DIXIE HIGHWAY, SUITE 705  
MIAMI FL 33133**

**2200 SOUTH DIXIE HIGHWAY, SUITE 705  
MIAMI FL 33133**

2. Principal Place of Business

**269 GIRALDA AVE.**

3. Mailing Address

**269 GIRALDA AVE.**

Suite, Apt. #, etc.

**SUITE 302**

Suite, Apt. #, etc.

**SUITE 302**

City & State

**CORAL GABLES, FL**

City & State

**CORAL GABLES, FL**

Zip

**33134**

Country

**USA**

Zip

**33134**

Country

**USA**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ZORRILLA & GARCIA-OLIVER, LLC  
2200 SOUTH DIXIE HIGHWAY, SUITE 705  
MIAMI FL 33133**

7. Name and Address of New Registered Agent

Name  
**ANGEL M. GARCIA-OLIVER, P.A.**

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

**269 GIRALDA AVE**

**SUITE 302**

City

**CORAL GABLES**

**FL**

Zip Code

**33134**

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.

**ANGEL M. GARCIA-OLIVER**

(NOTE: Registered Agent signature required when reinstating)

**1-20-2003**

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR.  
ANGEL M. GARCIA-OLIVER  
269 GIRALDA AVE, SUITE 302  
CORAL GABLES, FL 33134** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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☐ 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**1-20-2003**

**305-446-8431**

Date

Daytime Phone #

CR2E083 (10/02)