

FILED
Jun 09, 2003 8:00 am
Secretary of State

5/2/03

05-02-2003 90756 003 ****50.00

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

DOCUMENT # L02000031637

1. Entity Name
CORAL GABLES LIQUIDATIONS, LLC

Principal Place of Business
3750 NW 114 AVE. #6
MIAMI, FL 33178

Mailing Address
3750 NW 114 AVE. #6
MIAMI, FL 33178

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

383666286

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$3.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RATIMOROFF, ALFREDO
3750 NW 114 AVE. #6
MIAMI, FL 33178

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, specify printed name of registered agent and file # applicable.

60302 Registered Agent/agent should state relationship

DATE

1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME
MEMBER
STREET ADDRESS
CITY-ST-ZIP
MGRM
LIQUIDATIONS USA, LLC
3750 NW 114 AVE.
MIAMI, FL 33178

☐ Delete

TITLE NAME
MEMBER
STREET ADDRESS
CITY-ST-ZIP
MGRM
RODRIGUEZ, CAROLINA
3750 NW 114 AVE.
MIAMI, FL 33178

☐ Delete

TITLE NAME
MEMBER
STREET ADDRESS
CITY-ST-ZIP
MGRM
BENAVIDES, JORGE
3750 NW 114 AVE.
MIAMI, FL 33178

☐ Delete

TITLE NAME
MEMBER
STREET ADDRESS
CITY-ST-ZIP
MGRM
RODRIGUEZ BARNIZ, LUIS RUBEN
3750 NW 114 AVE.
MIAMI, FL 33178

☐ Delete

TITLE NAME
MEMBER
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE NAME
MEMBER
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.0743(3), Florida Statutes. I further certify that the information furnished 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]

04/30/03

Signature, and Title, in Printed Name of Recording Managing Member, Manager, or Authorized Representative

Date

Seventy Pages

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☐ CHECK HERE IF MAKING CHANGES

CR-1002 (10/02)