

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91003 045 ****50.00

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

DOCUMENT # L00000000817

1. Entity Name:
MAYOLIN L L C

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5757 COLLINS AVENUE

3. Mailing Address
5757 COLLINS AVENUE

State, Apt. #, etc.
803

State, Apt. #, etc.
803

DO NOT WRITE IN THIS SPACE

City & State
MIAMI BEACH FL

City & State
MIAMI BEACH FL

4. FEI Number
65-0976627

Applied For
Not Applicable

Zip
33140

Country
U S A

Zip
33140

Country
U S A

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
RAMON MANZANO

Street Address (if P.O. Box Number is Not Applicable)
5757 COLLINS AVE # 803

City
MIAMI BEACH FL Zip Code
33140

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 fee if applicable

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE
MEMBER MANAGER
NAME
RAMON MANZANO
STREET ADDRESS
5757 COLLINS AVENUE # 803
CITY- ST- ZIP
MIAMI BEACH FL 33140

TITLE
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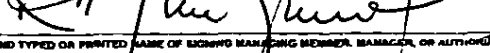
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: 

04-15-03

305-857-9708

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083B (12/01)