L00000001149

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

07-18-2003 90021 015 ****50.00
L00000001149

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07/24/03--01025--001 **150.00

2003 JUL 23 PM 2:47
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L00000001149

1. Entity Name
ARTESA NA, LLC

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4303 ESSEX CT	P.O. BOX 172455
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ARLINGTON TX	City & State: ARLINGTON TX
Zip: 76016 Country: USA	Zip: 76003 Country: USA

4. FEI Number: 593639824 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: MARIO MINO
Street Address (P.O. Box Number is Not Acceptable): 813 LAVENDAR CIRCLE
City: WESTON FL Zip Code: 33327

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] 7/1/2003
Signature, typed or printed name of registered agent and title if applicable. DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM PRESIDENT
NAME	MARGARITA GUARDERAS
STREET ADDRESS	4303 ESSEX CT.
CITY-ST-ZIP	ARLINGTON TX 76016
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	REINSTATEMENT 2002-03
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E083B (12/02)

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: M Guarderas 6-19-03 8174960559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #