2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000001913

1. Entity Name

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Aug 07, 2003 8:00 am Secretary of State

08-07-2003 90064 037 ****50.00

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Principal Plac	ce of Business		Mailing Address								
1109 HARRISON AVENUE PANAMA CITY FL 32401			1109 HARRISON AVENUE PANAMA CITY FL 32401								
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2. Principal F	Place of Business	. 3	Mailing Address	-							
Suite, Apt:	.# oto		Suite Apt # etc			_					
Saite, Apt:	. " , etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & Stat	te		City & State			4. FEI Nun	4. FEI Number 59-3659793 Applied For Not Applicable				
Zip Country			Zip	itry	5. Certifica	5 Certificate of Status Desired Status Desired 55.00 Addition			ditional		
	- 6. Name and Address of Curre	ent Rec	istered Agent =	<u> </u>	·		nd Address of New Ro		Fee Require	d 	
					Name						
	inett, derrick e. Third Court				Street Addre	ss (P.O. Box Num	nber is Not Acceptable)				
	IAMA CITY FL 32401					· · · · · · · · · · · · · · · · · · ·					
					City			FL	Zip Code	e	
8 The above	named entity submits this statemen	t for the	nurnose of changing its	register		stered agent or h	ooth in the State of Flor		<u> </u>		
	tions of registered agent.	it for the	perpose of changing its	register	sa omec or regi	stored agent, or t			华 隐藏		
SIGNATURE	Esignature, typed or printed name of registered ag	ent and ti	tle if applicable 1 (NOT	F: Begistere	d Agent signature reg	juired when reinstating)	# 2.2	DATE	- F. M	<u> </u>	
ಕರ್ಣ ವಳಿಸಿಸಿದರು	A Vistaliai	:	ł		FEE IS \$50.0						
3			Make Check Payab	le to Fl	orida Depart	ment of State				ĺ	
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9.	MANAGING MEN	MBERS/	MANAGERS Delete	10. Titu		 .	ADDITIONS/	CHANGES	Change	Addition	
NAME	ORDONEZ DOLAR, LUZVIMIN	DΑ	C) Delete	NAM	1				Change		
STREET ADDRESS CITY-ST-ZIP	1109 HARRISON AVE.				ET ADDRESS						
TITLE	PANAMA CITY FL 32401		Delete	Titu	-ST-ZIP				☐ Change	☐ Addition	
NAME	DOLAR, JOSE MD		□ beic[e	NAM							
STREET ADDRESS CITY-ST-ZIP	1109 HARRISON AVE.				ET ADDRESS - ST-ZIP						
TITLE	PANAMA CITY FL 32401		□ Delete	TITLE		<u> </u>			Change	Addition	
NAME				NAM							
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CITY-ST-ZIP					-ST-ZIP					{	

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:

IGNATURE AND TYPES OR PRINTED NAME OF SIGNING MANAGERS MANAGER, OR AUTHORIZED REPRESENTATIVE

29 July 03(850) 784-176