

5/8/2001

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jun 24, 2002 8:00 am
Secretary of State

05-08-2002 90143 006 ****50.00

DOCUMENT # L00000002020

1. Entity Name

L'ORGANIZATION, L.L.C.

Principal Place of Business

17021 NORTH BAY RD., #915
NORTH MIAMI BEACH FL 33160

Mailing Address

17021 NORTH BAY RD., #915
NORTH MIAMI BEACH FL 33160

2. Principal Place of Business

17021 N. BAY RD.

3. Mailing Address

Suite, Apt. #, etc. **808**

Suite, Apt. #, etc.

City & State

NORTH MIAMI BEACH, FL

City & State

Zip

33160

Country

Zip

Country

4. FEI Number **65-0984903**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

SANTODOMINGO, SOLEDAD
17021 NORTH BAY RD., #915
NORTH MIAMI BEACH FL 33160

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☒ Delete
NAME **SANTODOMINGO, SOLEDAD**
STREET ADDRESS **17021 NORTH BAY RD., #915**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33160**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☒ Addition
NAME **MANAGER**
STREET ADDRESS **JOSE CARDOZO**
CITY-ST-ZIP **17021 N B ROAD, APT. 808**
NORTH MIAMI BEACH, FL 33160TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)