

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 26, 2003 8:00 am
Secretary of State

09-26-2003 90001 007 ****50.00

DOCUMENT # L00000003066

1. Entity Name

BAREDO, LLC



Principal Place of Business

**4400 N FEDERAL HWY,
BOCA RATON FL 33431**

Mailing Address

**4400 N FEDERAL HWY
BOCA RATON FL 33431**

2. Principal Place of Business

3475 N. Country Club Dr.

3. Mailing Address

3475 N. Country Club Drive

Suite, Apt. #, etc.

411

Suite, Apt. #, etc.

411

City & State

Miami, Florida

City & State

Aventura, Florida

Zip

33180

Country

U.S.

Zip

33180

Country

U.S.



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0996908

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOVANOVIC, DOUGLAS P.A.
17 SOUTHEAST 24TH AVENUE
POMPANO BEACH FL 33062**

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, 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 Florida Department of State
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **NIKETIC, VEDRAN**
STREET ADDRESS **4400 N FEDERAL HWY**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **MGR** ☒ Change ☐ Addition
NAME **NIKETIC, VEDRAN**
STREET ADDRESS **3475 N. Country Club Dr. #411**
CITY-ST-ZIP **Aventura, FL 33180**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Vedran Niketic

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

Date

Daytime Phone #

09/20/03

359626993

CR2E083 (4/03)