

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

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90154 010 \*\*\*\*50.00

**DOCUMENT #** L00000003654

**1. Entity Name**

RIYENCA, LLC

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

1201 Brickell Avenue

**3. Mailing Address**

1201 Brickell Avenue

Suite, Apt. #, etc.  
Suite 220

Suite, Apt. #, etc.  
Suite 220

DO NOT WRITE IN THIS SPACE

City & State  
Miami, Florida

City & State  
Miami, Florida

**4. FEI Number**  
650996112

Applied For  
Not Applicable

Zip  
33131-3207

Country

Zip  
33131-3207

Country

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

**7. Name and Address of Current Registered Agent**

Name  
Geoffrey M. Wayne, P.A.

Street Address (P.O. Box Number is Not Acceptable)  
1201 Brickell Avenue, Suite 220

City  
Miami

FL

Zip Code  
33131-3207

**DO NOT WRITE  
IN THIS SPACE**

**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.

**DATE**

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE**  
MGR  
**NAME**  
Isidoro Feal Espinoza  
**STREET ADDRESS**  
11119 NW 72 Terrace  
**CITY-ST-ZIP**  
Miami, Florida 33178

**TITLE**  
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**STREET ADDRESS**  
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IN THIS SPACE**

**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 #

CR2E083B (12/01)