

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90587 043 ****55.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L00000003991

1. Entity Name
GONYOR, L.L.C.



Principal Place of Business
10268 NW 56TH STREET
MIAMI, FL 33178

Mailing Address
10268 NW 56TH STREET
MIAMI, FL 33178

2. Principal Place of Business
6355 NW 36 ST,
Suite, Apt. #, etc. Suite 507

3. Mailing Address
6355 NW 36 ST,
Suite, Apt. #, etc. Suite 507

City & State Miami, FL

City & State Miami, FL

Zip 33166

Country

Zip 33166

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0997848

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GONZALES, NELSON
10268 NW 56TH STREET
MIAMI, FL 33178

7. Name and Address of New Registered Agent

Name GONZALEZ, NELSON

Street Address (P.O. Box Number is Not Acceptable)

6355 NW 36 ST, Suite 507

City Miami,

FL

Zip Code 33166

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 *Nelson A. Gonzalez*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when resigning)

04-30-03

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE MGR
NAME GONZALEZ PRIETO, NELSON ARISTOB
STREET ADDRESS 10268 NW 56 STREET
CITY-ST-ZIP MIAMI, FL 33178 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE MGR
NAME GONZALEZ PRIETO, NELSON ARISTOB
STREET ADDRESS 6355 NW 36 ST, Suite 507
CITY-ST-ZIP Miami, FL 33166 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: *Nelson A. Gonzalez*
Signature and typed or printed name of signing managing member, manager, or authorized representative

04-30-03

305-871-4161

Date

Daytime Phone #

CR2E083 (10/02)