## ·2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L0000004210

VARON CADENA VILLAMIZAR, L.L.C.



FILED Apr 30, 2003 8:00 am Secretary of State 04-30-2003 90183 028 \*\*\*\*50.00

Principal Place of Bulletinase  2. Principal Place of Bulletinase  3. Melting Address of WEST PAUM BEACH R. 2500  WEST PAUM BEACH R. 2000  City & State  Cit							A SOUTH TREE					
WEST PALM BEACH FL 33406  2. Principal Place of Business  Suite, Apt. #, etc.   GhECK HERGE IF MAKING CHANCES  City & State	Principal Place	of Business			Mailing Address		<u> </u>					
Suito, Apt. #, etc.    City & State	1200 S. CONGRESS AVE., #540											
Suito, Apt. #, etc.    City & State									<u> </u>			8     <b>             </b>
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Zip	Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
S. Certificate of Status Desired   Fee Required   F	City & State				City.& State			4FEI-Nun	00 10303 10			
VARON, JAIRO 7123 VENETIAN WAY WEST PALM BEACH FL 33406  Total Address (P.O. Box Number is Not Acceptable)	Zip	Zip Country			Zip Country			5. Certifica				
VARON, JAIRO 7123 VENETIAN WAY WEST PALM BEACH FL 33406  Signature brook or programmed entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamiliar with, and accept the octigations of registered agent.  Signature brook or price area of agent agent at the 1 approach.  FILE NOW!!! FEE is \$50,00  Make Check Psyabilor to Florida Department of State  Our By May 1, 2003  S. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES  Our By May 1, 2003  S. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES  OUR STREET ADDRESS  OUT-ST-2P  TILE  MAKE STREET ADDRESS  OUT-ST-2P  TILE		6. Name	and Address of Cur	rent Reg	istered Agent	7. Name and Address of New Registered Agent						
Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code	1400			<del>-</del> ··	Name							
S. The above ramed entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent.    Signature   Suprature   Suprat	7123 VENETIAN WAY						Street Address (P.O. Box Number is Not Acceptable)					
The above ramed 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   The content of registered agent are state application.   Port   Project	1120		270777 2 00 100			,						
SIGNATURE    Signature   True   PRES   MANAGING MEMBERS   MANAGERS   True   Make Check Payable to Florida Department of State   Due By May 1, 2003							City			FL	Zip Cod	e
Signature. Tropic or primed name of registated applications. (KINCTE Registated signature or primed name of registated applications). (KINCTE												
S. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES  TITLE NAME VARON, JAIRO 11LE NAME 11LE N	SIGNATURE	Signature, typed	or printed name of registered	agent and tit	tle if applicable, (N	OTE: Registere	ed Agent signature requi	red when reinstating)	·	DATE		
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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 requirer or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: \_\_\_\_\_\_\_

4-26-3

(54) 9660991