

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

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90071 023 \*\*\*\*\*50.00

**DOCUMENT # L00000005199**

1. Entity Name

**GRAPPA, L.L.C.**



Principal Place of Business

**5837 S.W. 72ND STREET  
SOUTH MIAMI FL 33143**

Mailing Address

**ANTHONY ROBLEDO  
8180 N.W. 36TH STREET  
MIAMI FL 33166**

2. Principal Place of Business

3. Mailing Address **ANTHONY ROBLEDO**

**8180 N.W. 36TH STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 100**

City & State

City & State

**Miami, FL 33166**

Zip

Country

Zip

Country

4. FEI Number **65-1007622**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent.

**ROBLEDO, ANTHONY  
8180 N.W. 36 STREET, #100  
MIAMI FL 33166**

Name

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

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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 May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **P** ☐ Delete  
NAME **NUNES, CLAUDIO**  
STREET ADDRESS **5837 S.W. 72ND STREET**  
CITY-ST-ZIP **SOUTH MIAMI FL 33143**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ 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 (10/02)