FILED
Apr 02, 2002 8:00 am
Secretary of State
04-02-2002 90959 025 ****50.00

200 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000005897

1. Entity Name
D'AVILA INTERNATIONAL LLC

Principal Place of Business	Mailing Address
1855 GRIFFIN ROAD # B382 DANIA BEACH, FL 33004	1855 GRIFFIN ROAD # B382 DANIA BEACH, FL 33004

936026

2. Principal Place of Business	3. Mailing Address
1855 GRIFFIN ROAD	1855 GRIFFIN ROAD
Suite, Apt. #, etc. C450	Suite, Apt. #, etc. C450
City & State DANIA BEACH, FL	City & State DANIA BEACH, FL
Zip 33004 Country U.S.	Zip 33004 Country U.S

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1009741 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JOSE AUGUSTO SILUAN
1855 GRIFFIN ROAD # C450
DANIA BEACH, FL 33004

7. Name and Address of New Registered Agent

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.

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 Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SILUAN JOSE AUGUSTO 1855 GRIFFIN ROAD # C450 DANIA BEACH, FL 33004 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (11/00)

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: X 3-26-02 954-922-5255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

STF FL32519F.1