

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

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90126 006 ****50.00

DOCUMENT # L00000005923

1. Entity Name

THE BOCCARASSA GROUP, LLC

DO NOT WRITE IN THIS SPACE

954144

2. Principal Place of Business

2701 Ponce De Leon Blvd.

3. Mailing Address

2701 Ponce De Leon Blvd.

Suite, Apt. #, etc.

Suite #202

Suite, Apt. #, etc.

Suite #202

City & State

Coral Gables, FL

City & State

Coral Gables, FL

4. FEI Number

65-1146064

Applied For

Not Applicable

Zip

33134

Country

USA

Zip

33143

Country

USA

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

CASTANO, WILLIAM

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

2701 Ponce De Leon Blvd.

Suite #202

City

Coral Gables

FL

Zip Code
33134

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
P/T
MARCELO L. RADICE
255 E. Enid Drive
Key Biscayne, FL 33149

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
WILLIAM CASTANO
2701 Ponce De Leon Blvd., #202
Coral Gables, FL 33134

TITLE
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CITY-ST-ZIP

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CR2E083B (12/01)

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:

Marcelo L. Radice

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/29/02 305-448-8889