

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 25, 2002 8:00 am
Secretary of State

09-25-2002 90117 041 ****50.00

DOCUMENT # L00000006039

1. Entity Name

EFANAR, L.L.C.

Principal Place of Business

Mailing Address

**22459 TIKI DRIVE
 BOCA RATON FL 33428**

**5838 C NORTH KINGS HWY.
 ALEXANDRIA VA 22303**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1011012**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name **RAFAEL RODRIGUEZ**

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

1043 LAVENDER CIRCLE

City **WESTON**

FL

Zip Code **33327**

**HERNANDEZ, FERNANDO
 22459 TIKI DRIVE
 BOCA RATON FL 33428**

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]

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

09/14/02

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Department of State
 Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Delete
 NAME **HERNANDEZ, FERNANDO**
 STREET ADDRESS **22459 TIKI DRIVE**
 CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE **MANAGER** ☐ Change ☒ Addition
 NAME **RAFAEL RODRIGUEZ**
 STREET ADDRESS **1043 LAVENDER CIRCLE**
 CITY-ST-ZIP **WESTON, FL 33327**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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] SIGNATURE REQUIRED

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

09/14/02

Date

7039609626

Daytime Phone #

CR2E083 (4/02)