

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVE  
AND  
FILED

01 APR 26 AM 8:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L00000006365

1. Entity Name  
AYALA, LLC

Principal Place of Business

6726 SOUTH LOCKWOOD RIDGE ROAD  
SARASOTA FL 34231

Mailing Address

6726 SOUTH LOCKWOOD RIDGE ROAD  
SARASOTA FL 34231

2. Principal Place of Business

4029 CROCKERS LAKE BLVD  
#1828  
SARASOTA FL 34238

3. Mailing Address

5900 S. TAMiami TRAIL  
SUITE I  
SARASOTA FL 34231



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
SARASOTA FL

City & State  
SARASOTA FL

4. FEJ Number

05-1016200

Applied For

Not Applicable

Zip

Country

Zip

Country

34238 USA

34231 USA

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS ENTERPRISES, INC.  
941 FOURTH STREET #200  
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name CATHERINE L. ASTRONSKAS  
Street Address (P.O. Box Number is Not Acceptable)  
5900 S. TAMiami TRAIL  
SUITE I  
City SARASOTA, FL 34231

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 Catherine L. Astronskas  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 4-9-01

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	managing member ALBERT R. AYALA, JR 4029 CROCKERS LAKE BLVD # #1828 SARASOTA, FL 34238	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER JEANETTE AYALA 4029 CROCKERS LAKE BLVD #1828 SARASOTA FL 34238	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Albert R. Ayala Jr. 4/21/01 922-9182  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

0021913 AF

CR2E083 (11/00)