2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: PATRICIA MENER & CAMBO PINA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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DOCUMENT # L0000007522							FILE	D		
M E	RCADOR LLC						OI MAY 24	AM 10: L	+2	
Principal Plac 1221 B MIAM		AU ENUE SUITE			SECRETARY OF STATE TALLAHASSEE, FLORIDA					
f22ringigal	7/0 PATRICIA MENE 3. Mailing Address 1221 Brickell Avenue	ue c/o Patricia Menéndez								
Suite Apt #, etc.		Suite, Apt. #, etc. Suite 1200				DO NOT WRITE IN THIS SPACE				
Miami, FLA		Miami, FLA			•	4. FEI Nu 52	mber -226065	3	—— <u>—</u>	pplied For ot Applicable
33₹91	CountresA	3 3 431	Cour	^{tr} ÚSA			cate of Status Desired		\$5.00 Ad Fee Require	
	6. Name and Address of Curren	t Registered Agent				7. Name	and Address of New R	tegistered	Agent	
Caron.	- Δ			Name		-		•		
CORPDIRECT AGENTS 103 N. MERIPIAN ST., LOWERLEVEL				Street A	Address (P.0	s (P.O. Box Number is Not Acceptable)				
TALLAHA	55EE, FL., 32301			City					Zin Cod	· · ·
				City				FL	Zip Cod	ie
8. The above	named entity submits this statement	for the purpose of changing its	register	ed office o	r registered	d agent, or	both, in the State of Flo	orida.		
SIGNATURE .	Signature, typed or printed name of registered ager	nt and title if applicable. (NOT)	E: Registere	d Agent signal	ture required wh	nen reinstating	1)	DATE		
		FILE N Make Check Pa	IIIWC	FEE IS S o Depart	50.00	10 m	900004 -06/19 ***10	/010	809- 1067(******	301
9.	MANAGING MEM	BERS/MEMBERS	10.				ADDITIONS	CHANGES	3	
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TITLE NAME		☐ Delete	TITLE NAM	E	RAFAE	LCAR	LLAVENUE		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP			CITY	ET ADDRESS - St - ZIP	MIAMI		33131		··· ·	Callegeraum termina
NAME STREET ADDRESS		□ Delete		et address	1221	BRICK	NCHEZ CABE	2011	☐ Change	Addition
CITY-ST-ZIP			CITY	- ST-ZIP	<u> </u>	FL. 3	53131			
TITLE NAME STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITLE NAMI STRE	et address		BRICKE	ELL AVENUE		☐ Change	$p_{\mathcal{O}_{Mil(in)}}$
CITY-ST-ZIP			CITY	-ST-ZIP	MIAMI	, FL., 3	33134		, N.	<i>J</i>
indicated	ertify that the information supplied wi on this report is true and accurate an bility company or the receiver or truste	d that my signature shall have:	the same	mption sta e legal effe	ted in Section teld in Section to the teld in Section to the teld in Section to the teld in the teld i	on 119.07 de under d	(3)(i), Florida Statutes. bath; that I am a manag			