2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000007706 1. Entity Name GRB, L.L.C. Principal Place of Business 35 ALMERIA AVE CORAL GABLES FL 33134 UNIT 1901 USE 1 BRICKELL AVE. MIAMI FL 33129									FILED 01 JAN 19 PN 3:46 SECRETARY OF STATE TALLAHASSEE, FLORIDA					
2. Principal F	-		3. N	Mailing Address				j						
1581 BRICKEU AVE. Suite, Apt. #, etc.				Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
190) City & State				City & State										
MIAMI, FL								L FEIN	umber		No	oplied For ot Applicable	1	
Zip Country USA				Zip _ Cour			F				\$5.00 Additional Fee Required			
	6. Name	and Address of Current	Regist	ered Agent		Name	7.	. Name	and Address of New Re	egistered Ag	jent		7	
MARIA C. ARRIOLA VELEZ PA							Street Address (P.O. Box Number is Not Acceptable)							
35 ALME		,								+				
OOTAL	AUDILO I C	30104		,	•	City	·			FL	Zip Cod	e	+	
8. The above	named entit	y submits this statement fo	or the pu	rpose of changing it	ts register	ed office o	r registered a	agent, c	or both, in the State of Flor		L		-	
	·		•	,	-									
SIGNATURE ,	Signature, typed	or printed name of registered agent	and title if	applicable. (NC	TE: Registere	d Agent signat	ture required when	n reinstatin	9)	DATE	·· · · •			
·		FILE N	FEE IS \$	\$50.00										
•			/	Make Check P	Payable t	o Depart	lment of St	tate	المراجعة المحادات					
9.		MANAGING MEMB	BERS/M		10.			I	ADDITIONS/	CHANGES			١,	
NAME STREET ADDRESS CITY-ST-ZIP	35 ALMEI	VELEZ, MARIA C RIA AVE ABLES FL 33134		₩ Delete			1581	MA BRIC	SANTELICES- LOONA-DO LKELL AVE, # 2 33129	- **	Change	☐ Addition	000	
TITLE				☐ Delete	TITLE		Maria	<u> </u>	• •		Change	Addition	Š	
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date D														