

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000007838

1. Entity Name

SLSC ACQUISITION COMPANY, LLC

Principal Place of Business

7333 CORAL WAY
MIAMI FL 33144

Mailing Address

7333 CORAL WAY
MIAMI FL 33144

2. Principal Place of Business

7333 Coral Way

3. Mailing Address

7333 Coral Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33155

Country

USA

Zip

33155

Country

USA

4. FEI Number

65-1022P19

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CABRERA, ORLANDO J
701 BRICKELL AVENUE, SUITE 1900
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

John H. Ruiz

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

198 NW 37 Ave

City

Miami

FL

Zip Code

33125

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

500004476925--0

-07/16/01--01044--005

*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

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

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Managing Member
STREET ADDRESS	Anthony Davide - Anthony Davide
CITY-ST-ZIP	7333 Coral Way Miami, FL 33155
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Managing Member
STREET ADDRESS	John H. Ruiz
CITY-ST-ZIP	198 NW 37 Ave Miami, FL 33125
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

305-

261-5400

FILED
01 JUL -2 AM 8:47

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)