FILED
Aug 28, 2002 8:00 am
Secretary of State
03-29-2002 90598 024 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008089

1. Entity Name
RAMIREZ & SONS, LLC

Principal Place of Business	Mailing Address
1320 NW 18TH AVENUE, APT. 3C DELRAY BEACH FL 33445	1320 NW 18TH AVENUE, APT. 3C DELRAY BEACH FL 33445

98581

DO NOT WRITE IN THIS SPACE

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 65-1022024 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RAMIREZ & SON'S, LLC
1320 N.W. 18 AVENUE APT. 3C
DELRAY BEACH FL 33445

7. Name and Address of New Registered Agent

Name: Luis Alberto Ramirez
Street Address (P.O. Box Number is Not Acceptable): 1320 NW 18 Avenue #3C
City: Delray Bch FL Zip Code: 33445

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]
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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAMIREZ, LUIS ALBERTO 1320 NW 18TH AVENUE, APT. 3C DELRAY BEACH FL 33445	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GONZALEZ, NANCY C 1320 NW AVENUE APT 3C DELRAY BEACH FL 33445	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (9/01)

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 03-11-02 561-2432545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #