LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State
03-07-2002 90151 023 ****50.00

DOCUMENT #

826572

1. Entity Name
SANDYMART L.L.C

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7848 NW. 197 Street	7848 NW. 197 Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33015 Country: U.S.A	Zip: 33015 Country: U.S.A

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-102 6747 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Honorio Martinez

Street Address (P.O. Box Number is Not Acceptable): 7848 NW. 197 Street

City: MIAMI FL Zip Code: 33015

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: H. Martinez H. HONORIO MARTINEZ 02/18/02
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	President	TITLE	
NAME	HONORIO MARTINEZ	NAME	
STREET ADDRESS	7848 N.W. 197 Street	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33015	CITY-ST-ZIP	
TITLE	Secretary	TITLE	
NAME	MATILDE MARTINEZ	NAME	
STREET ADDRESS	7848 NW. 197 Street	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33015	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CR2E083B (12/01)

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: H. Martinez H. HONORIO MARTINEZ 02/18/02. 954-5363723
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #