

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2003 8:00 am
Secretary of State

03-14-2003 90005 010 ****55.00

DOCUMENT # L00000010329

1. Entity Name

AMADEUS, L.L.C.



Principal Place of Business

9920 NW 24 STREET
MIAMI FL 33172

Mailing Address

803 SAVANNAH FALLS DRIVE
WESTON FL 33327

2. Principal Place of Business

9920 NW 21 Street

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip

33172

Country

USA

Country

4. FEI Number

65-1090543

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

PRIETO, ANGELICA
803 SAVANNAH FALLS DR
WESTON FL 33327

7. Name and Address of New Registered Agent

Name

Eduardo Llanos

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

803 Savannah Falls Dr.

City

Weston

FL

Zip Code

33327

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

/Eduardo Llanos (MGR)

(NOTE: Registered Agent signature required when reissuing)

01/02/03

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME PRIETO, ANGELICA
STREET ADDRESS 803 SAVANNAH FALLS DRIVE
CITY-ST-ZIP WESTON FL 33327 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR
NAME LLANOS, Eduardo
STREET ADDRESS 803 Savannah Falls Dr. Weston, FL 33327
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

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 RE/Eduardo Llanos (MGR) 01/02/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

305-6399595

CR2E083 (10/02)