

2002 UNIFORM BUSINESS REPORT (UBR)

0002375

DOCUMENT # L00000010932

1. Entity Name

ODESTER ONE, L.L.C.

FILED

02 DEC 11 AM 9:36

Principal Place of Business

Mailing Address

3621 NE MIAMI COURT
MIAMI FL 33137

C/O ODEGARD, INC.
200 LEXINGTON AVE., #1206
NEW YORK NY 10016

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3621 NE MIAMI COURT

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SAME AS ABOVE

4. FEI Number

65-1049663

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SILVANA GARRIDO-HARTY
465 NE 50TH TERRACE
MIAMI FL 33137

Name

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

City

FL

Zip Code

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

Silvana B. Garrido-Harty
Signature, typed or printed name of registered agent and title if applicable

SILVANA B. GARRIDO-HARTY
(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME STEPHANIE ODEGARD
STREET ADDRESS 200 LEXINGTON AVE., #1206
CITY-ST-ZIP NEW YORK NY 10016

TITLE
NAME
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CITY-ST-ZIP
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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 REQUIRED

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

Date

Daytime Phone #

9/15/02

CR2E083 (4/02)

REINSTATEMENT

2012

12/12/02