

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2003 8:00 am
Secretary of State

08-29-2003 90050 007 ****50.00

DOCUMENT # L00000013566

1. Entity Name

FULL BLOOM FARMS, LLC



Principal Place of Business

Mailing Address

17455 SW 157 AVE
MIAMI FL 33187

17455 SW 157 AVE
MIAMI FL 33187

2. Principal Place of Business

150 ARVIDA PARKWAY

Suite, Apt. #, etc.

3. Mailing Address

150 ARVIDA PARKWAY

Suite, Apt. #, etc.

City & State

CORAL GABLES FL

Zip

33156

Country

USA

City & State

CORAL GABLES FL

Zip

33156

Country

USA

4. FEI Number

65-1110335

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

YANES, ENRIQUE
17455 SW 157 AVENUE
MIAMI FL 33187

7. Name and Address of New Registered Agent

Name

WARREN LOVELL

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

150 ARVIDA PARKWAY

City

CORAL GABLES

FL

Zip Code

33156

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

8-21-03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **LOVELL, WARREN**
STREET ADDRESS **17455 SW 157 AVE**
CITY-ST-ZIP **MIAMI FL 33187**

TITLE **MGRM** ☐ Delete
NAME **LOVELL, JEFFREY**
STREET ADDRESS **17455 SW 157 AVE**
CITY-ST-ZIP **MIAMI FL 33187**

TITLE **MGRM** ☐ Delete
NAME **YANES, ENRIQUE**
STREET ADDRESS **17455 SW 157 AVE**
CITY-ST-ZIP **MIAMI FL 33187**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **150 ARVIDA PARKWAY**
CITY-ST-ZIP **CORAL GABLES, FL 33156**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **13051 MAR STREET**
CITY-ST-ZIP **CORAL GABLES, FL 33156**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1550 SALVATIERRA DR.**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

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

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

TITLE ☐ Change ☐ 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

WARREN LOVELL

8-21-03

305667-7958

Date

Daytime Phone #

CR2E083 (4/03)

0013795