

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

0012325

DOCUMENT # L00000013645

1. Entity Name

REXZY VENTURES, LLC

03-29-2002 91214 019 *****55.00

Principal Place of Business

**13291 SOUTHWEST 124TH ST.
 MIAMI FL 33186**

Mailing Address

**13291 SOUTHWEST 124TH ST.
 MIAMI FL 33186**

2. Principal Place of Business

14030 SW 145 Terr.

3. Mailing Address

14030 SW 145 Terr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL. 33

City & State

MIAMI FL.

4. FEI Number

65-1054597

Applied For

Not Applicable

Zip

33186

Country

USA

Zip

33186

Country

USA

5. Certificate of Status Desired

☒

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**LLANES, MILDREY
 13291 SW 124 ST.
 MIAMI FL 33186**

7. Name and Address of New Registered Agent

Name **LLANES, MILDREY**

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

14030 S.W. 145 Terr.

City **MIAMI**

FL

Zip Code

33186

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-12-02

**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
 LLANES, MILDREY
 14030 SW 145 TERR.
 MIAMI FL 33186** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MEM
 LLANES, MANUEL
 14030 SE 145 TERR.
 MIAMI FL 33186** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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10. ADDITIONS/CHANGES

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

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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 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:

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

3-12-02
 Date

Daytime Phone #

CR2E083 (9/01)