


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

02-14-2003 90065 045 ****55.00

DOCUMENT # L00000013645

1. Entity Name
REXZY VENTURES, LLC



Principal Place of Business Mailing Address

14030 SW 145 TERR **14030 SW 145 TERR**
MIAMI FL 33186 **MIAMI FL 33186**

2. Principal Place of Business 3. Mailing Address

14030 S.W 145 Terr **14030 S.W. 145 Terr**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

MIAMI FL. **MIAMI FL.**

Zip Country Zip Country

33186 **U.S.** **33186** **U.S.**



CHECK HERE IF MAKING CHANGES

4. FEI Number Applied For

65-1054597 Not Applicable

5. Certificate of Status: Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LLANES, MILDREY
14030 S W 145 TERR
MIAMI FL 33186

7. Name and Address of New Registered Agent

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: *Mildrey Llanes* **Mildrey Llanes, MGRM** DATE: **2/12/03**

Signature, typed or printed name of registered agent or title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM <input type="checkbox"/> Delete
NAME	LLANES, MILDREY
STREET ADDRESS	14030 SW 145 TERR.
CITY-ST-ZIP	MIAMI FL 33186
TITLE	MEM <input type="checkbox"/> Delete
NAME	LLANES, MANUEL
STREET ADDRESS	14030 SE 145 TERR.
CITY-ST-ZIP	MIAMI FL 33186
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Mildrey Llanes* **Mildrey Llanes, MGRM** DATE: **2/12/03**

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

CR2E083 (10/02)