

# 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  
MIAMI FL 33186**

**14030 SW 145 TERR  
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

**MIAMI FL.**

City & State

**MIAMI FL.**

Zip

Country

**33186**

**U.S.**

Zip

Country

**33186**

**U.S.**

4. FEI Number **65-1054597**

Applied For

Not Applicable

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

**LLANES, MILDREY  
14030 S W 145 TERR  
MIAMI FL 33186**

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, MGRM*

DATE

**2/12/03**

**FILE NOW!!! FEE IS \$50.00**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete  
NAME **LLANES, MILDREY**  
STREET ADDRESS **14030 SW 145 TERR.**  
CITY-ST-ZIP **MIAMI FL 33186**

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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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:**

*Mildrey Llanes, MGRM*

Date

Daytime Phone #

CR2E083 (10/02)