2003 LIMITED LIABILITY COMPANY

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L00000014618

1. Entity Name

AMERICA BENVELAZ SERVICES, L.L.C.

Principal Place of Business

Mailing Address

FILED May 30, 2003 8:00 am Secretary of State

05-30-2003 90048 009 ****55.00

6930 N.W. 8411 MIAMI FL 33161		RENO NV 89502							
2. Principal Pl	ace of Business	3. Mailing Address							
6930	2 NW 84 Avenue	6200 Meadows	podmal/Ci	rde	1911 911 9911 95111 95111 99111 99111		1 8(818 81/811)		
Suite, Apt. #, etc. Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
City & State City & State Reno, NV			/	4. FEI Nur	4. FEI Number 75-2995197		Applied For Not Applicable		
Zip 3-7	Country USA	89502	Country USA	ı	ate of Status Desired		55:00 Add ee Require	ditional	
6. Name and Address of Current Registered Agent				7. Name a	nd Address of New R	egistered A	gent		┨
BENITEZ VELASQUEZ, MILDRED KARINA 6930 N.W. 84TH AVENUE									
				Street Address (P.O. Box Number is Not Acceptable)					
MIAI	MI FL 33166								1
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	• •		City			FL	Zip Code	е	ļ
	named entity submits this statement fo ons of registered agent.	r the purpose of changing its r	egistered office or re	gistered agent, or	both, in the State of Flo	rida. I am fa	miliar with,	and accept	
SIGNATURE -	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent signature i	equired when reinstating)		DATE			1
	organization types of printed rate to a regularity								1
	_	Make Check Payable	W!!! FEE IS \$50 to Florida Dena:						1
	• •	1	By May 1, 2003	tinoin or otato					
	MANAGING MEMBE		10.		ADDITIONS/	CHANGES			ł
9. TITLE	MGR	Delete	TITLE		ADDITIONS		Change	☐ Addition	ź
NAME	BENITEZ VELASQUEZ, MILDREC		NAME						70
STREET ADDRESS	6930 N.W. 84TH AVENUE		STREET ADDRESS						5
CITY-ST-ZIP	MIAMI FL 33166		CITY-ST-ZIP						ا ي
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STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP						
CiTY-ST-ZiP	ertify that the information supplied with	this filing does not qualify for		Lin Section 110 07	(3)(i) Florido Statutos I	further certi	fy that the in	oformation	1
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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:

04-20-03 (775) 829-2735