

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90252 027 ****50.00

DOCUMENT # L00000014905

1. Entity Name

SANTORIN, L.L.C

Principal Place of Business

2158 Pasaverde Lane
 Weston-Florida- 33327

Mailing Address

2158 Pasaverde lane
 Weston-Florida-
 33327

2. Principal Place of Business

2158 Pasaverde Lane

Suite, Apt. #, etc.

3. Mailing Address

2158 Pasaverde Lane

Suite, Apt. #, etc.

City & State

Weston-Florida

City & State

Weston-Florida

4. FEI Number

65-1060623

Applied For

Not Applicable

Zip

33327

Country

USA

Zip

33327

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

967474

6. Name and Address of Current Registered Agent

NICANOR GAVIDIA
 2158 Pasaverde Lane
 Weston-Florida
 33327

7. Name and Address of New Registered Agent

Name NICANOR Gavidia

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

2158 Pasaverde Lane

City

Weston

FL

Zip Code

33327

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

Nicanor Gavidia

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

(NOTE: Registered Agent signature required when reinstating)

04/30/02

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MANAGER ☐ Delete
 NAME NICANOR GAVIDIA
 STREET ADDRESS 1301 GALIAN ST
 CITY-ST-ZIP CORAL GABLES - 33134

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 MANAGER ☒ Change ☐ Addition
 NAME NICANOR GAVIDIA
 STREET ADDRESS 2158 Pasaverde Lane
 CITY-ST-ZIP Weston - FL - 33327

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

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

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

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:

Nicanor Gavidia

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

04/30/02

Date

954-446-6651

Daytime Phone #

CR2E083 (11/00)