2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0100000774

Entity Name

L&S OIL, L.L.C.



FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90091 040 ****50.00

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Street Address (PO. Box Number is Not Acceptable) Street Address (PO. Box Number is Not Acceptable) City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Forida. I am familiar with, and scoept the obligations of registered agent. SIGNATURE Signature, blood or printed hashed of signature digent and titlar applicable. NOTE: Registered Agent signature signatured agent and titlar applicable. NOTE: Registered Agent signature signatured agent and titlar applicable. NOTE: Registered Agent signature signatured agent with titlar applicable. NOTE: Registered Agent signature signatured agent with titlar applicable. NOTE: Registered Agent signature signatured agent with titlar applicable. NOTE: Signature signatured agent and titlar applicable. NOTE: Due By May 1, 2003 9. MANAGING MEMBERIS /MANAGERS 10. ADDITIONS/CHANGES ONT-SI-2P NAME SARCHEZ, SAUL MAME SIRET ADDRESS ONT-SI-2P NAME SIRET ADDRESS ONT-SI-2P NAME SIRET ADDRESS ONT-SI-2P NAME SIRET ADDRESS ONT-SI-2P NAME SIRET ADDRESS ONT-SI-2P TITLE MAME SIRET ADDRESS ONT-SI-2P TITLE SIRET ADDRESS ONT-SI-2P TITLE SIRET ADDRESS ONT-SI-2P TITLE SIRET ADDRESS ONT-SI-2P S		6. Name and Address of Cur	rrent Reg	stered Agent			7. Name and	Address of New Re	gistered A	gent		
ABIO NW 12 AVE MIAMI FL 33127 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE **THE NOW!! FEE IS \$50.00** **Make Check Payable to Florida Department of State **Due By May 1, 2003** **MERIT ADMRSS** **SINCHEZ, SAUL	CAN	CHET: CALIL				Name		نسييينريد مريي	<u></u>			
Signature: City FL Zip Code	2810 NW 12 AVE					Street Address	s (P.O. Box Numbe	er is Not Acceptable)				
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11. I hereby certify that the information supplied with fis filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information						- 1					1	
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1 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

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

4/26/03 (305)635-6608 Daytone Phone #