LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 13, 2002 8:00 am
Secretary of State
06-13-2002 90388 009 ****50.00

DOCUMENT # L01000001125

1. Entity Name
INDUSTRIAL ASSESORSHIPS L.L.C.

DO NOT WRITE IN THIS SPACE

969051

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1770 N. Bay Village 79 St.	1770 N. Bay Village 79 St
Suite, Apt. #, etc. Apt. D 310	Suite, Apt. #, etc. APT D 310
City & State Miami Beach, Fl	City & State Miami Beach, Fl
Zip 33141 Country	Zip 33141 Country

4. FEI Number 52-2295651 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: HUMBERTO MEJIA

Street Address (P.O. Box Number is Not Acceptable): 1770 N. Bay Village 79 St APT D 310

City: Miami Beach FL Zip Code: 33141

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: JMM. 6-10-02
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JORGE RESTREPO 1770 N. Bay Village 79 St APT D310 Miami Beach, Fl 33141
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Wilmar Bedoya 1770 N. Bay Village 79 St APT D310 Miami Beach, Fl 33141
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Jairo Jaramillo 1770 N. Bay Village 79 St APT D 310 Miami Beach, Fl 33141
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Dorance Londoño 1770 N. Bay Village 79 St APT D 310 Miami Beach, Fl 33141
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	HUMBERTO MEJIA 1770 N. Bay Village 79 St APT D 310 Miami Beach, Fl 33141
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CR2E084B (12/01)

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: JMM. 6-10-02 305-864-2107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #