

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2003 8:00 am
Secretary of State

02-20-2003 90020 032 ****55.00

DOCUMENT # L01000001895

1. Entity Name

FENIX HOMES OF FLORIDA, LLC



Principal Place of Business

Mailing Address

15165 N.W. 77TH AVE., STE. 2002
MIAMI FL 33014

15165 N.W. 77TH AVE., STE. 2002
MIAMI FL 33014

2. Principal Place of Business

3. Mailing Address

14400 NW 77th Court

14400 NW 77th Court

Suite, Apt. #, etc.

300

Suite, Apt. #, etc.

300

City & State

Miami Lakes FL

City & State

Miami Lakes FL

Zip

33016

Country

USA

Zip

33016

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1083601**

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

HERRERA, CARLOS JR.
15165 N.W. 77TH AVE., STE. 2002
MIAMI FL 33014

Name **Carlos Herrera Jr.**

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

14400 NW 77th Court

300

City

Miami Lakes

FL

Zip Code

33016

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **MGR**
NAME **HERRERA, CARLOS JR**
STREET ADDRESS **15165 N.W. 77 AVE SUITE 2002**
CITY-ST-ZIP **MIAMI FL 33014**

TITLE **Carlos Herrera Jr**
NAME **Carlos Herrera Jr**
STREET ADDRESS **14400 NW 77th Court - 300**
CITY-ST-ZIP **Miami Lakes FL 33016**

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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:

REQUIRED

2-17-03

305-823-8099

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

Date

Daytime Phone #

CR2E083 (10/02)