

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90078 005 ****50.00

DOCUMENT # L01000002976

1. Entity Name

AGUILAR RODRIGUEZ & ASSOCIATES, L.L.C.



Principal Place of Business

**2250 S.W. 3RD AVENUE, 5TH FLOOR
MIAMI FL 33129**

Mailing Address

**2250 S.W. 3RD AVENUE, 5TH FLOOR
MIAMI FL 33129**

2. Principal Place of Business

150 ALHAMBRA CIRCLE

3. Mailing Address

150 ALHAMBRA CIRCLE

Suite, Apt. #, etc.

SUITE 1150

Suite, Apt. #, etc.

SUITE 1150

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

Zip

33134

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1153926**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HATTON, DAVID L.
2250 S.W. 3RD AVENUE, 5TH FLOOR
MIAMI FL 33129**

7. Name and Address of New Registered Agent

Name **HATTON, DAVID L.**
Street Address (P.O. Box is Not Acceptable)
**150 ALHAMBRA CIRCLE
SUITE 1150
Coral Gables FL 33134**

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 **David L. Hatton**
Signature, typed or printed name of registered agent and title if applicable.

DAVID L. HATTON

(NOTE: Registered Agent signature required when reinstating)

4/21/03
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	HATTON, DAVID	
STREET ADDRESS	2250 S.W. 3RD AVENUE, 5TH FLOOR	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	AGUILAR, LUIS	
STREET ADDRESS	407 AV. FRANCISCO DE MIRANDA	
CITY-ST-ZIP	LOS RUICES CARACAS 1071	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	AGUILAR, CARLOS	
STREET ADDRESS	452 RIDGEWOOD ROAD	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID HATTON	
STREET ADDRESS	150 ALHAMBRA CIRCLE, SUITE 1150	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUIS AGUILAR	
STREET ADDRESS	407 AV. FRANCISCO DE MIRANDA	
CITY-ST-ZIP	LOS RUICES CARACAS 1071	
TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLOS AGUILAR	
STREET ADDRESS	452 RIDGEWOOD ROAD	
CITY-ST-ZIP	KEY BISCAYNE, FL 33149	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 606, Florida Statutes.

SIGNATURE: **DAVID L. HATTON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/21/03
Date

305-858-0220
Daytime Phone #

CR2E083 (10/02)