

4/ **FILED**
May 01, 2002 8:00 am
Secretary of State

04-01-2002 90727 012 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000004026

1. Entity Name

26891 HICKORY, LLC

Principal Place of Business

**6175 N.W. 167TH ST
UNIT G30
MIAMI FL 33015**

Mailing Address

**6175 N.W. 167TH ST
UNIT G30
MIAMI FL 33015**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1083624

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATE CREATIONS NETWORK INC.
941 FOURTH STREET #200
MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name **EDUARDO E. ROBELO**

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

6175 NW 167th Street, Unit G-30

City **MIAMI**

FL

Zip Code **33015**

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

Signature typed or printed name of registered agent and fee is applicable.

(NOTE: Registered Agent signature required when reinstating)

02/12/02

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **ROBELO, ARNOLDO R**
STREET ADDRESS **6175 N.W. 167TH ST**
CITY-ST-ZIP **MIAMI FL 33015**

TITLE **MGR** ☐ Delete
NAME **ROBELO, EDUARDO E**
STREET ADDRESS **6175 N.W. 167TH ST**
CITY-ST-ZIP **MIAMI FL 33015**

TITLE **MGR** ☐ Delete
NAME **ROBELO, MICHAEL A**
STREET ADDRESS **6175 N.W. 167TH ST**
CITY-ST-ZIP **MIAMI FL 33015**

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 ☐ Change ☒ Addition
NAME
STREET ADDRESS **6175 N.W. 167 ST. UNIT G-30**
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS **6175 N.W. 167 ST. UNIT G-30**
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 608, Florida Statutes.

SIGNATURE:

Signature typed or printed name of signing managing member, manager, or authorized representative

EDUARDO E. ROBELO

MANAGING MEMBER

02/12/02

(305)828-4757

Date

Daytime Phone #

CR2E083 (9/01)