

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90082 004 ****50.00

DOCUMENT # L01000005194

1. Entity Name
GRAHUMA, LLC



DO NOT WRITE IN THIS SPACE

20018346

2. Principal Place of Business
2720 Twin Oaks Way

3. Mailing Address
12765 Forest Hill Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 1302

DO NOT WRITE IN THIS SPACE

City & State
Wellington, FL

City & State
Wellington, FL

4. FEI Number
65-1149190

Applied For
Not Applicable

Zip
33414

Country
USA

Zip
33414

Country
USA

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

7. Name and Address of Current Registered Agent

Name
Mario G. de Mendoza, III, -P.A.-
Street Address (P.O. Box Number is Not Acceptable)
12765 Forest Hill Boulevard, Suite 1302

City
Wellington FL Zip Code
33414

**DO NOT WRITE
IN THIS SPACE**

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 _____, Mario G. de Mendoza, III, President 1/22/03
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ANZORREGUY, FELIX
2720 Twin Oaks Way
Wellington, FL 33414

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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: X FELIX ANZORREGUY Felix Anzorreguy, Manager X

(561) 784-2930

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

Date

Daytime Phone #

CR2E083B (12/02)