

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90559 002 ****50.00

DOCUMENT # L01000005231



1. Entity Name
AYANA RODRIGUEZ-O'RAND, L.L.C.

Principal Place of Business
**1330 WEST AVE
1407
MIAMI FL 33139**

Mailing Address
**1330 WEST AVE
1407
MIAMI FL 33139**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number **65-1095602**

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

**O'RAND, CHRISTOPHER J
2250 SW 3RD AVE
5TH FL
MIAMI FL 33129**

Name **Chris J. O'Rand**
Street Address (P.O. Box Number is Not Acceptable)
150 Alvarado Circle, Suite 1150
City **Coral Gables** **FL** Zip Code **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

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** ☐ Delete
NAME **RODRIGUEZ-O'RAND, AYANA**
STREET ADDRESS **2715 TIGERTAIL AVE #304**
CITY-ST-ZIP **MIAMI FL 33133**

TITLE ☒ Change ☐ Addition
NAME **AYANA RODRIGUEZ-O'RAND**
STREET ADDRESS **1330 W. Ave # 1407**
CITY-ST-ZIP **MB, FL 33139**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **Ayana R. O'Rand** **REQUIRED**

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

Date

Daytime Phone #

4/25/03

305-804-8477

CR2E083 (10/02)