

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90103 024 ****55.00

DOCUMENT # L01000005233

1. Entity Name
KOMO DESIGNS, L.L.C.



Principal Place of Business

Mailing Address

**2742 BISCAYEN BLVD.
MIAMI FL 33137**

**2742 BISCAYEN BLVD.
MIAMI FL 33137**

2. Principal Place of Business

3. Mailing Address

293 MIRAGE MILE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

COCONUT GROVE

Zip
33134

Country
DADE

Zip

Country

4. FEI Number **65-1092526**

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

**DE NIEMEYER KAHANE, PATRICIA
2742 BISCAYEN BLVD.
MIAMI FL 33137**

Name

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

City

FL

Zip Code

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 **SIGHA BAUTISTA, AMPARITO G**
STREET ADDRESS **2742 BISCAYEN BLVD.**
CITY-ST-ZIP **MIAMI FL 33137**

TITLE **MGR** ☐ Change ☒ Addition
NAME **DE NIEMEYER, PATRICIA KAHANE**
STREET ADDRESS **1 GROVE ISLE DR. # 306**
CITY-ST-ZIP **COCONUT GROVE, FL 33133**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **PATRICIA DE NIEMEYER KAHANE**
PATRICIA DE NIEMEYER KAHANE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Feb 6, 2003 **305 441 7888**
Date Daytime Phone #

CR2E083 (10/02)