

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

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90167 034 ****50.00

DOCUMENT #

1. Entity Name

Killian Estates, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3200 NW 77 Ct

Suite, Apt. #, etc.

3. Mailing Address

3200 NW 77 Ct

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FL

Zip

Country

Zip

Country

33122 USA

33122 USA

4. FEI Number

☒ **Applied For**

☐ **Not Applicable**

5. Certificate of Status Desired

☐ **\$5.00 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

LEON SCHIGIEL

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

3200 NW 77 Ct

City

MIAMI

FL

Zip Code

33122

**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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

3/13/02

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1.

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*MGRM Schigiel Enterprises LTD.
3200 NW 77 Ct
MIAMI, FL 33122*

TITLE
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IN THIS SPACE**

CR2E083B (12/01)

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:

Leon Schigiel

3/13/02

305-468-1515

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