

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L01000006518**

1. Entity Name

PALMBOCA CONCIERGE SERVICE, L.L.C.**FILED**
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90051 019 ***150.00

Principal Place of Business

**5300 NW 33RD AVE., SUITE 119
FT. LAUDERDALE FL 33309**

Mailing Address

**5300 NW 33RD AVE., SUITE 119
FT. LAUDERDALE FL 33309**

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

65-1121513

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00 Additional
Fee Required****6. Name and Address of Current Registered Agent****LEONARDO F. BRITO, P.A.
100 SE 2ND ST., SUITE 3850
MIAMI FL 33131****7. Name and Address of New Registered Agent**

Name

Hector J. Mir

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

2655 Le Jeune Road**Suite 1107**

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.

SIGNATURE

**Hector J. Mir****1/25/02**

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 Department of State
Due By May 1, 2002****9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	CAROLINA HELENA ALAYETO	
STREET ADDRESS	5300 NW 33RD AVE., SUITE 119	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:**REQUIRED****02/03/2002**

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

Date

Daytime Phone #

CR2E083 (9/01)