

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 22, 2003 8:00 am
Secretary of State

09-22-2003 90106 006 ****50.00

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DOCUMENT # L01000007605

1. Entity Name

SAN IGNACIO INVESTMENTS, LLC



Principal Place of Business

**8011 N.W. 14TH STREET, #200
MIAMI FL 33126**

Mailing Address

**8011 N.W. 14TH STREET, #200
MIAMI FL 33126**

00100033



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1104711**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**URANGA, JAIME A
8011 N.W. 14TH STREET, #200
MIAMI FL 33126**

7. Name and Address of New Registered Agent

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 September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
URANGA, JAMIE A
14621 S.W. 66TH AVENUE
MIAMI FL 33158**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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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:

SIGNATURE REQUIRED
JAMIE A. URANGA

09/16/2003 (786) 4027396

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

Date

Daytime Phone #

CR2E083 (4/03)