2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 92168 042 ****50.00

DOCUMENT # L01000009388

1. Entity Name
LA MAISON DE L' ENTRECOTE, LLC

Principal Place of Business	Mailing Address
7352 NW 35TH ST MIAMI, FL 33122	7352 NW 35TH ST MIAMI, FL 33122

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
8180 NW 36 St	8180 NW 36 St
Suite, Apt. #, etc. Suit 230	Suite, Apt. #, etc. Suit 230
City & State Miami - Florida	City & State Miami Florida
Zip 33166 Country	Zip 33166 Country

4. FEI Number 65-1111842 — [X] 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
ALLIEGRO, EDMUNDO 7352 NW 35TH ST MIAMI, FL 33122	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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALIEGRO, EDMUNDO 7352 NW 35TH ST MIAMI, FL 33122	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NERI, NERIO 7352 NW 35TH ST MIAMI, FL 33122	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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: Edmundo Alliegro M.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #