

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2003 8:00 am**  
**Secretary of State**

03-14-2003 90001 018 \*\*\*\*55.00

**DOCUMENT # L01000009492**

1. Entity Name  
**SERVIGOR, L.L.C.**



Principal Place of Business

**8330 NW 168 STREET  
MIAMI FL 33016**

Mailing Address

**8330 NW 168 STREET  
MIAMI FL 33016**

2. Principal Place of Business

**1843 SW 31 AVE.**

3. Mailing Address

**1843 SW 31 AVE.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**PEMBROKE PARK**

City & State

**PEMBROKE PARK**

Zip

**33009**

Country

**USA.-**

Zip

**33009**

Country

**USA.-**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1113264**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**GARCIA, LUIS E  
8330 NW 168 STREET  
MIAMI FL 33016**

7. Name and Address of New Registered Agent

Name **GARCIA-CONTRERAS, LUIS E.**

Street Address (P.O. Box Number is Not Acceptable)  
**1384 VICTORIA ISLE DRIVE**

City **WESTON**

**FL**

Zip Code **33327**

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 fee 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM GARCIA, LUIS EDUARDO 8330 NW 168 STREET MIAMI FL 33016</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BONADUCE, MARIA BEATRIZ 8330 NW 168 STREET MIAMI FL 33016</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM GARCIA-CONTRERAS, LUIS E 1384 VICTORIA ISLE DR. WESTON, FL, 33327</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BONADUCE, MARIA BEATRIZ 1384 VICTORIA ISLE DR. WESTON, FL, 33327</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

**Luis Eduardo Garcia-Contreras**

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

Date

Daytime Phone #

cel: (786) 2716652

10/03/03 (954) 9653838

CR2E083 (10/02)