

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90011 043 ****50.00

DOCUMENT # L01000010228

1. Entity Name

BRYAN SUBDIVISION LLC



Principal Place of Business

905 RODERIGO AVE.
CORAL GABLES FL 33134

Mailing Address

905 RODERIGO AVE.
CORAL GABLES FL 33134

2. Principal Place of Business

299 Alhambra Circle, STE 521

3. Mailing Address

200 South Biscayne Blvd.

Suite, Apt. #, etc.

Coral Gables, FL

Suite, Apt. #, etc.

Suite 2500

City & State

33134

City & State

Miami, FL

Zip

Country

USA

Zip

33131

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-1142614

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

**JAMES W. SHINDELL, P.A.
200 SOUTH BISCAYNE BLVD.
SUITE 2500
MIAMI FL 33131**

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 May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGR	<input type="checkbox"/> Delete
NAME	SHINDELL, JAMES W	
STREET ADDRESS	905 RODERIGO AVE	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	VAZQUEZ, SILVIO	
STREET ADDRESS	299 ALHAMBRA CIRCLE, STE 521	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

1/5/03

305 375-6141

CR2E083 (10/02)