

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

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90688 048 \*\*\*\*50.00

DOCUMENT # **LO1000010234**

1. Entity Name

**Pasadena Central, LLC**



**30045853**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**6654 78th AVE N**  
Suite, Apt. #, etc.

3. Mailing Address

**6654 78th AVE N**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Pinellas Park, FL**

City & State

**Pinellas Park, FL**

4. FEI Number

**59-3740073**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**Cockey, Preston**

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

**201 N. Franklin St Ste 2200**

City

**TAMPA**

FL

Zip Code

**33602**

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.

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**P Carlos A YEPES**  
**F 6654 78th Ave N**  
**C Pinellas Park, FL 33781**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**V. Luna Novate**  
**6654 78th Ave N**  
**Pinellas Park, FL 33781 758**

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IN THIS SPACE**

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

Date

Daytime Phone #

CR2E083B (12/02)