

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

03-20-2002 90009 006 ****50.00

DOCUMENT # L01000012644

1. Entity Name

EL CHARRO, LIMITED LIABILITY COMPANY (L.L.C.)

Principal Place of Business

5029 SE CR 760
 ARCADIA FL 34266

Mailing Address

5029 SE CR 760
 ARCADIA FL 34266

2. Principal Place of Business

420 N. BREVARD AV

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

ARCADIA FL 34266

City & State

4. FEI Number

65-0357 639

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WALDRON, EUGENE E JR.
 124 NORTH BREVARD AVENUE
 ARCADIA FL 34268

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.

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 Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
 NAME MERLO, ENEDINA
 STREET ADDRESS 5029 SE CR 760
 CITY-ST-ZIP ARCADIA FL 34268 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR ENRIQUE MERLO ☐ Change ☒ Addition
 NAME
 STREET ADDRESS 5029 SE CR 760
 CITY-ST-ZIP ARCADIA FL 34266

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ 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:

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

3/8/02 494-7891

Date

Daytime Phone #

CR2E083 (9/01)