

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90031 020 ****50.00

DOCUMENT # L01000012644

1. Entity Name

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



Principal Place of Business

**420 N BREVARD RD
ARCADIA FL 34266**

Mailing Address

**5029 SE CR 760
ARCADIA FL 34266**

2. Principal Place of Business

3. Mailing Address

420 N. Brevard Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ARCADIA FL 34266

City & State

Zip

Country

DEPTO

Zip

Country

USA

4. FEI Number **65-0357639**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**WALDRON, EUGENE E JR.
124 NORTH BREVARD AVENUE
ARCADIA FL 34266**

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. 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MERLO, ENEDINA
5029 SE CR 760
ARCADIA FL 34266** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MERIO, ENRIQUE
5029 SE CRD 760
ARCADIA FL 34266** ☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

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10. ADDITIONS/CHANGES

TITLE
NAME
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CITY-ST-ZIP
☐ Change ☐ Addition

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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: ENEDINA MERLO

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

Date

Daytime Phone #

2-21-03 863 494-7891

CR2E083 (10/02)