

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91434 048 ****55.00

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

DOCUMENT # L01000012808

1. Entity Name
ORYX NV L.L.C.



30069803

Principal Place of Business
9574 NORTHWEST 41ST ST.
MIAMI, FL 33178

Mailing Address
9574 NORTHWEST 41ST ST.
MIAMI, FL 33178

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-1126296

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

SEGREGO, ARNOLD
9574 NW 41ST STREET
MIAMI, FL 33178

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 fee if applicable.

(NOTE: Registered Agent's signature required when a statement is filed.)

DATE



9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE	NAME	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SEGREGO, ARNOLD		NAME	
STREET ADDRESS	9574 NORTHWEST 41ST ST.		STREET ADDRESS	
CITY-STATE-ZIP	MIAMI, FL 33178		CITY-STATE-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-STATE-ZIP			CITY-STATE-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-STATE-ZIP			CITY-STATE-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-STATE-ZIP			CITY-STATE-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 of the recorder's jurisdiction in executing this report as required by Chapter 883, Florida Statutes.

SIGNATURE:

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

DATE

Signature Phone #

ARNOLD SEGREGO MGRM 4-30-2003 786-621-6882

CH210303 (1002)