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

## DOCUMENT # L01000013045

1. Entity Name

KEY LARGO SERVICE CENTER, L.L.C.



FILED Apr 17, 2003 8:00 am Secretary of State

04-17-2003 90025 016 \*\*\*\*50.00

			;	WE TWO					
		Mailing Address 7900 N.W. 36TH STREET MIAMI FL 33166	7900 N.W. 36TH STREET						
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES					
City & State		City & State			4. FEI Number 65-1132007			<u> </u>	oplied For ot Applicable
Zip Country		Zip	Zip Country		5. Certifica	te of Status Desired		\$5.00 Add Fee Require	ditional ed
	6. Name and Address of Curren	t Registered Agent	jistered Agent			7. Name and Address of New Registered Agent			
				Name		<u></u>		-	
	AREZ, VICTOR R		- Creata dicesso			(P.O. Box Number is Not Acceptable)			
	N.W. 36TH STREET	•	Street Address (			F.O. Box Number is Not Acceptable)			
MAIM	/II FL 33166								
	,	•		City	<u></u>	·	FL	Zip Cod	e
	named entity submits this statement flons of registered agent.	or the purpose of changing its	register	ed office or register	red agent, or b	oth, in the State of Flo	ida. I am fa	amiliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agen	t and title if applicable. (NOT	E: Registere	d Agent signature required	d when reinstating)		DATE		
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		1		FEE IS \$50.00					•
		Make Check Payab		orida Departme ay 1, 2003	nt of State	•			į
				<u></u>					
9.	MANAGING MEMB		10.			ADDITIONS/	CHANGES		
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	ertify that the information supplied wit	h this filling does not qualify fo	r the exe	motion stated in Se	ection 119.07/3	3)(i), Florida Statutes 1	further certi	ify that the in	nformation

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 manager of the limited liability company or the receiver or trustee appropriate to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #