

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

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90188 030 ****50.00

DOCUMENT # L01000014007

1. Entity Name

GRAND PALAZZO II, L.L.C.



Principal Place of Business

**7800 RED ROAD
SUITE 218
SOUTH MIAMI FL 33143**

Mailing Address

**1200 BRICKELL AVENUE
SUITE 900
MIAMI FL 33131**

2. Principal Place of Business

3. Mailing Address

7800 Red Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 218

City & State

South Miami, FL

Zip

Country

Zip

Country

33143

4. FEI Number **65-1132050**

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

**AGI REGISTERED AGENTS, INC.
1200 BRICKELL AVE.
SUITE 900
MIAMI FL 33131**

Name

FRANK J AMEDIA

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

7800 Red Road, STE. 218

City

South Miami

FL

Zip Code

33143

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

4/25/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
AMEDIA, FRANK J
7800 RED ROAD SUITE 218
SOUTH MIAMI FL 33143**

☐ Delete

TITLE
NAME
STREET ADDRESS
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☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/25/03

CR2E083 (10/02)

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