

* AMENDED *

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

DOCUMENT # L01000014162

1. Entity Name

RAOD HOLDINGS, LLC

FILED

02 SEP 23 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
601 Brickell Key Drive

3. Mailing Address
601 Brickell Key Drive

Suite, Apt. #, etc.
Suite 705

Suite, Apt. #, etc.
Suite 705

DO NOT WRITE IN THIS SPACE

City & State
Miami, Florida

City & State
Miami, Florida

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip
33131

Country
U.S.A.

Zip
33131

Country
U.S.A.

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Leoncio E. de la Peña D.

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

601 Brickell Key Drive, Suite 705

City
Miami

FL

Zip Code
33131

**DO NOT WRITE
IN THIS SPACE**

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

Leoncio E. de la Peña D.

09/19/2002

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
Leoncio E. de la Peña D.
601 Brickell Key Dr., Suite 705
Miami, Florida 33131

TITLE
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STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

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:

Leoncio E. de la Peña D., MGR

09/19/2002

305.377.0818

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

Date

Daytime Phone #

CR2E083B (12/01)