

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 92165 048 ***150.00

DOCUMENT # L01000014913

1. Entity Name

LALD LLC



Principal Place of Business

**2395 N.W. 49TH LANE
BOCA RATON FL 33431**

Mailing Address

**2395 N.W. 49TH LANE
BOCA RATON FL 33431**

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 **65-1134572**

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

**MACIA, FEDERICO M ESQ.
395 ALHAMBRA CIRCLE
SUITE 301
CORAL GABLES FL 33134**

Name **Macia, Federico M. ESQ.**
Street Address (P.O. Box Number is Not Acceptable)
2601 South Bayshore Dr.
Suite # 1600
City **Miami** FL Zip Code **33133**

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

1-23-03

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 **MGRM** ☐ Delete
NAME **GONZALEZ, LELIS**
STREET ADDRESS **2395 N.W. 49TH LANE**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **MGRM** ☒ Change ☐ Addition
NAME **Gonzalez, Lelis**
STREET ADDRESS **2200 W. Glades Road Suite 900**
CITY-ST-ZIP **Boca Raton FL 33431**

TITLE **MGRM** ☐ Delete
NAME **GONZALEZ, MARIA**
STREET ADDRESS **2395 N.W. 49TH LANE**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **MGRM** ☒ Change ☐ Addition
NAME **Gonzalez Maria**
STREET ADDRESS **2200 W. Glades Road Suite 900**
CITY-ST-ZIP **Boca Raton FL 33431**

TITLE ☐ Delete
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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:

GONZALEZ, LELIS

Date

Daytime Phone #

1-23-03 (561) 353-1410

CR2E083 (10/02)