

FILED
Jun 02, 2003 8:00 am
Secretary of State

06-02-2003 90082 002 ****50.00

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

DOCUMENT # L01000015179

1. Entity Name

GILGAR INVESTMENTS, LLC



10106499

Principal Place of Business Mailing Address
 688 BRICKELL AVENUE, 5TH FLOOR 688 BRICKELL AVENUE, 5TH FLOOR
 MIAMI FL 33131 MIAMI FL 33131

A. Principal Office (F.D. #11111)

1. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FBI Number 65-1134066

☐ Applied For
☐ Not Applicable
5. Certificate of Status Desired ☐
 \$5.00 Additional
 Fee Required
☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FELIPE, MARCELO J.D.
 C/O NAGEL & FELIPE, LLP
 688 BRICKELL AVENUE, 5TH FLOOR
 MIAMI FL 33131

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 date if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

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

B. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	D GIL GARZON, LUZ ADRIANA 688 BRICKELL AVENUE, 5TH FLOOR MIAMI FL 33131	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(f), 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: *P/SGN*

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

Date

Daytime Phone #

04/07/03 954-998-6449

ORDER 110007