

2002-2003
**LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000015216
 1. Entity Name
Mariluz Gonzalez LLC

FILED
 03 APR 11 PM 3:04
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2000 Springdale Blvd
 Suite, Apt. #, etc.
F 2006
 City & State
Palm Springs, FL
 Zip
33461
 Country
Palm Beach

3. Mailing Address
2000 Springdale Blvd.
 Suite, Apt. #, etc.
F 2006
 City & State
Palm Springs, FL
 Zip
33461
 Country
Palm Beach

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1146751
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

**DO NOT WRITE
 IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Mariluz Gonzalez
 Street Address (P.O. Box Number is Not Acceptable)
2000 Springdale Blvd
F 2006
 City
Palm Springs FL Zip Code
33461

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

700015480007
 04/08/03--01075--029 **50.00

FEE IS
 Make Check Payable
 DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Mgrm</u> <u>Mariluz Gonzalez</u> <u>2000 Springdale Blvd. F 2006</u> <u>Palm Springs, FL 33461</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
 IN THIS SPACE**

(See attached letter)

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 Mariluz Gonzalez
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

Date 4/1/03 Daytime Phone # 561-963-1003

CR2E083B (12/01)

April 1, 2003

Aliane Cushings
Division of Corporations
409 E. Gaines St
Tallahassee, FL 32399

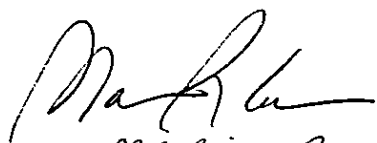
Dear Ms. Cushings:

Attached please find the reinstatement form for Marilyn Gonzalez LLC, L01000015216

As we discussed, for some reason the forms are not there but she mailed them with a check for 2002.

Enclosed is the check for 2003 per your instructions.

Thank you for your assistance.



MARIA R. CORSO
561-963-1003

P.S. I also attached my prior correspondence.

December 16, 2002

file

Department of State
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

RE: Mariluz Gonzalez
Mariluz Gonzalez, LLC
2000 Springdale Blvd., Apt F206
Palm Springs, FL 33461-6375
L01000015216

To Whom It May Concern:

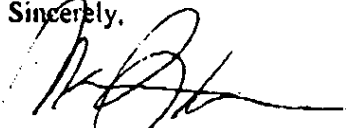
I am writing this letter on behalf of Mariluz Gonzalez, registered agent for Mariluz Gonzalez, T.I.C. She received a Certificate of Administrative Dissolution or Revocation form in the mail, but she does not wish to have the corporation dissolved. She never received the documentation to pay the \$50.00 for the annual fee.

I spoke to Gretchin in your office and explained the situation and she instructed me to write to your office, have Miss Gonzalez fill out the form and mail in the \$50.00 (enclosed).

If you have any questions, my name is Maria R. Corso and I can be reached at 561-625-9296.

Thank you in advance.

Sincerely,



Maria R. Corso