2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

Mailing Address

SUNRISE FL 33351

3. Mailing Address

City & State

Suite, Apt. #, etc.

DOCUMENT # L01000015492

Country

3474 NORTH UNIVERSITY DRIVE, #233

6. Name and Address of Current Registered Agent

SUNRISE FL 33351

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

TITLE

AMERICAN LIMOUSINE, LLC

3474 NORTH UNIVERSITY DRIVE. #233

CALERO, ANDRES

SUNRISE FL 33351

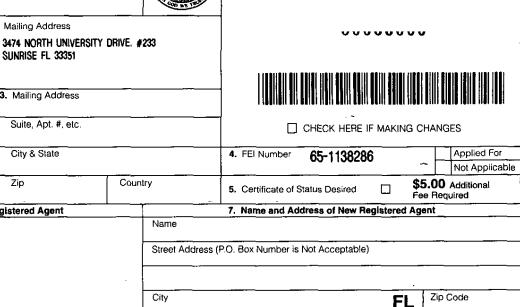
the obligations of registered agent.

MGRM



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

05-05-2003 90685 001 ****50.00



SIGNATURE _	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	
	1.	FILE NOW!!! FEE IS \$50.00 k Payable to Florida Department of State Due By May 1, 2003	·	
9.	MANAGING MEMBERS/MANAGERS	10.	ADDITIONS/CHANGES	

TITLE

☐ Delete

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

Country

NAME	CALERU, ANDRES		NAME				
STREET ADDRESS	3474 NORTH UNIVERSITY DRIVE, #233		STREET ADDRESS				
CITY-ST-ZIP	SUNRISE FL 33351		CITY-ST-ZIP				
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition		
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TITLE		☐ Delete	TITLE	Change	Addition		
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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)(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.

☐ Addition