

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

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90181 029 ****50.00

DOCUMENT # L01000018316

1. Entity Name

CAROLINA HOLDINGS LLC



Principal Place of Business

**3306 PONCE DE LEON BLVD.
SUITE 250
CORAL GABLES FL 33134**

Mailing Address

**3306 PONCE DE LEON BLVD.
SUITE 250
CORAL GABLES FL 33134**

2. Principal Place of Business

**10271 SW 72 ST.
Suite, Apt. #, etc.
102**

3. Mailing Address

**10271 SW 72 ST.
Suite, Apt. #, etc.
102**

City & State
Miami FL

City & State
Miami FL

Zip
33143

Country

Zip
33143

Country

4. FEI Number **65-1146834**

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

**ALOS & ASSOCIATES, P.A.
3306 PONCE DE LEON
SUITE 250
CORAL GABLES FL 33134**

Name

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

10271 SW 72 ST.

Suite 102

City **Miami**

FL

Zip Code
33143

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

4-15-03

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ALOS, ANDRES F
3306 PONCE DE LEON BLVD.
CORAL GABLES FL 33134** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**10271 SW 72 ST. #102
Miami FL 33143** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
VIAS, MARTHA
3306 PONCE DE LEON BLVD.
CORAL GABLES FL 33134** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**10271 SW 72 ST. #102
Miami FL 33143** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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: **REQUIRED**

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

Date

Daytime Phone #

4-15-03

CR2E083 (10/02)