

FILED
Apr 14, 2003 8:00 am
Secretary of State

01-22-2003 90105 024 ****50.00

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

DOCUMENT # L01000018623

1. Entity Name

EXELLITECH CONSULTANTS LIMITED LIABILITY COMPANY



Principal Place of Business

% CONCEPCION ROJAS & SANTOS LLP
220 ALHAMBRA CIRCLE, SUITE 350
CORAL GABLES FL 33134
US

Mailing Address

% CONCEPCION ROJAS LLP
220 ALHAMBRA CIRCLE, SUITE 350
CORAL GABLES FL 33134
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1/ and request to



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CONCEPCION, CARLOS F
220 ALHAMBRA CIRCLE
SUITE 350
CORAL GABLES FL 33134

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 substituting)

DATE

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
NAME CONCEPCION, CARLOS F
STREET ADDRESS 220 ALHAMBRA CIRCLE, SUITE 350
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

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

TITLE MGRM
NAME ROJAS, JOSE I
STREET ADDRESS 220 ALHAMBRA CIRCLE, SUITE 350
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

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

TITLE MGRM
NAME SANTOS, JOSE A JR
STREET ADDRESS 220 ALHAMBRA CIRCLE, SUITE 350
CITY-ST-ZIP CORAL GABLES FL 33134 ☒ Delete

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

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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)(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:

SIGNATURE REQUIRED

1-6-03 305 444-6669

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

Date

Daytime Phone #

CR2003 (10/02)

Attachment

38025266

101000018623

Form **SS-4****Application for Employer Identification Number**(Rev. December 2001)
Department of the Treasury
Internal Revenue Service(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, Indian tribal entities, certain individuals, and others.)

EIN

OMB No. 1545-0003

▶ See separate instructions for each line. ▶ Keep a copy for your records.

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested

EXELLITECH CONSULTANTS LLC

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (room, apt., suite no. and street, or P.O. box)

220 Alhombra Circle, Suite 350

5a Street address (if different) (Do not enter a P.O. box.)

4b City, state, and ZIP code

Coral Gables, Florida 33134

5b City, state, and ZIP code

6 County and state where principal business is located

Miami-Dade County, Florida

7a Name of principal officer, general partner, grantor, owner, or trustor

Jose I. Rojas and Carlos F. Concepcion

7b SSN, ITIN, or EIN

265-23-4038 (Rojas) / 266-31-0327 (Concepcion)

8a Type of entity (check only one box)

☐ Sole proprietor (SSN)☒ Partnership Multi-Member LLC☒ Corporation (enter form number to be filed) ▶☐ Personal service corp.☐ Church or church-controlled organization☐ Other nonprofit organization (specify) ▶☐ Other (specify) ▶☐ Estate (SSN of decedent)☐ Plan administrator (SSN)☐ Trust (SSN of grantor)☐ National Guard☐ State/local government☐ Farmers' cooperative☐ Federal government/military☐ REMIC☐ Indian tribal governments/enterprises

Group Exemption Number (GEN) ▶

8b If a corporation, name the state or foreign country
(if applicable) where incorporated

State

Florida

Foreign country

9 Reason for applying (check only one box)

☒ Started new business (specify type) ▶

Consulting

☐ Hired employees (Check the box and see line 12.)☐ Compliance with IRS withholding regulations☐ Other (specify) ▶☐ Banking purpose (specify purpose) ▶☐ Changed type of organization (specify new type) ▶☐ Purchased going business☐ Created a trust (specify type) ▶☐ Created a pension plan (specify type) ▶

10 Date business started or acquired (month, day, year)

9/9/02

11 Closing month of accounting year

December

12 First date wages or annuities were paid or will be paid (month, day, year). **Note:** If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ N/A13 Highest number of employees expected in the next 12 months. **Note:** If the applicant does not expect to have any employees during the period, enter "-0-."

Agricultural

Household

Other

14 Check one box that best describes the principal activity of your business.

☐ Construction☐ Rental & leasing☐ Transportation & warehousing☐ Real estate☐ Manufacturing☐ Finance & insurance☐ Health care & social assistance☐ Wholesale-agent/broker☐ Accommodation & food service☐ Wholesale-other☐ Retail☒ Other (specify) Consulting

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.

Consulting

16a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No
Note: If "Yes," please complete lines 16b and 16c.16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.
Legal name ▶ Trade name ▶16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year) City and state where filed Previous EINThird
Party
Designee

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name

Designee's telephone number (include area code)

Address and ZIP code

Designee's fax number (include area code)

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ Jose I. Rojas

Applicant's telephone number (include area code)

(305) 446-4000

Signature ▶

Date ▶ 4-8-03

Applicant's fax number (include area code)

(305) 446-4464

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 16055N

Form **SS-4** (Rev. 12-2001)