

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

192

DOCUMENT # L01000018695

1. Entity Name

SONOCUBIC FLORIDA, L.L.C.

FILED

03 FEB 17 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8201 PETERS ROAD

3. Mailing Address

8201 PETERS ROAD

Suite, Apt. #, etc.

1000

Suite, Apt. #, etc.

1000

City & State

PLANTATION, FL

City & State

PLANTATION, FL

Zip

33324

Country

USA

Zip

33324

Country

USA

4. FEI Number

65-1148327

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

EDUARDO BLUMENFELD

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

8201 PETERS ROAD, STE. 1000

City

PLANTATION

FL

Zip Code

33324

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.

EDUARDO BLUMENFELD

DATE

2/10/2003

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EDUARDO BLUMENFELD 8201 PETERS ROAD, STE. 1000 PLANTATION, FL 33324	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600012592786 02/17/03 01043 011 **100.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RICARDO GAYOSO 8201 PETERS ROAD, STE. 1000 PLANTATION, FL 33324	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GUSTAVO ABELLA 8201 PETERS ROAD, STE. 1000 PLANTATION, FL 33324	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E083B (12/01)

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:

EDUARDO BLUMENFELD

2/10/2003

954-382-9882

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

Date

Daytime Phone #

29/0

Sonocubic Florida, L.L.C.
8201 Peters Road
Ste. 1000
Plantation, FL 33324

Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: L01000018695

To Whom It May Concern:

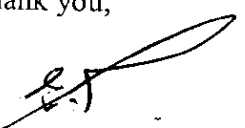
It has just come to my attention that my company has been dissolved for not filing its 2002 Uniform Business Report.

My address has changed and I never received my renewal documents.

Enclosed is a blank report that I have filled out along with a check for the applicable fees for this and last year.

Please reinstate my company and update my information.

Thank you,


Eduardo Blumenfeld
Manager