

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

**FILED**  
**Mar 07, 2002 8:00 am**  
**Secretary of State**

03-07-2002 90040 043 \*\*\*\*50.00

**DOCUMENT #** L010000018727

**1. Entity Name**

WIRED GECKO LLC

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

2190 COVE LN

Suite, Apt. #, etc.

**3. Mailing Address**

2190 COVE LN

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

WEBSTON FL

Zip 33326

Country US

**City & State**

WEBSTON FL

Zip 33326

Country US

**4. FEI Number**

65-1148414

**Applied For**

Not Applicable

**5. Certificate of Status Desired** ☐

**\$5.00 Additional  
Fee Required**

**7. Name and Address of Current Registered Agent**

Name PETER M. LOPEZ

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

2450 SW 137 AV. SUITE 221

City MIAMI

FL

Zip Code 33175

**DO NOT WRITE  
IN THIS SPACE**

**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.

DATE

**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  
ALEJANDRO LIMA  
2190 COVE LN  
WEBSTON FL 33326

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

MGR  
SANDRA LIMA  
2190 COVE LN  
WEBSTON FL 33326

TITLE  
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IN THIS SPACE**

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

02/20/02 954 349 0046

Date

Daytime Phone #

CR2E083B (12/01)