

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

FILED
Apr 30, 2004 8:00 am
Secretary of State

03-23-2004 90070 012 ****50.00

DOCUMENT # **L01000019217**

1. Entity Name **CARDINAL CONFIDENTIAL LLC**



DO NOT WRITE IN THIS SPACE

34004777

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4141 NW 5th STREET
Suite, Apt. #, etc. **100**

3. Mailing Address
4141 NW 5th STREET
Suite, Apt. #, etc. **100**

City & State
PLANTATION FLORIDA

City & State
PLANTATION FLORIDA

Zip
33317

Country

4. FEI Number
65-1155656

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
CECIL D'AGUILAR

Street Address (P.O. Box Number is Not Acceptable)
4141 NW 5th STREET SUITE 100

City & State
PLANTATION FL

Zip Code
33317

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 _____ DATE _____

Signature, typed or printed name of registered agent and fee if applicable.

DATE

SEE STATEMENT
Make Check Payment to Florida Department of State
TRUE BY MAIL

9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
MGR	NEARINE (ISF) TRUST	CECIL D'AGUILAR MANAGER/MEMO	GENERAL MANAGER
MGR	PAULA D'AGUILAR - MEMBER	4141 NW 5 th STREET	MANAGER PLANTATION FL 33317
MEMBER	CECIL D'AGUILAR	4141 NW 5 th STREET SUITE 100	PLANTATION FL 33317
MEMBER	ERAS INVESTMENT LLC	4141 NW 5 th STREET SUITE 100	PLANTATION FL 33317

DO NOT WRITE 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: **Cecil D'Aguil** **CECIL D'AGUILAR** **3-8-04**

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

Date

Daytime Phone #

CR2E0306 (12/02)