

FILED  
Jun 05, 2002 8:00 am  
Secretary of State

05-12-2002 90576 024 \*\*\*\*50.00

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

DOCUMENT # **L01000020534**  
1. Entity Name  
**DORADO Properties, L.L.C.**

**DO NOT WRITE IN THIS SPACE**

91749



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**65-1159807**

Applied For  
Not Applicable

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

7. Name and Address of Current Registered Agent

Name **SUSANA OLMO**

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

**11283 NW 58TH TERRACE**

City **MIAMI**

FL

Zip Code  
**33178**

**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]*

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

FEE IS \$50.00

Make Check Payable to Department of State  
DUE BY MAY 1

DATE

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**MANAGER  
SUSANA OLMO  
11283 NW 58TH TERRACE  
MIAMI, FL 33178**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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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)(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]*

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

**4/29/02 (305) 477-2998**

Date

Daytime Phone #