2003 LIMITED LIABILITY COMPANY

Ü	UFORM BU	SINES	S REPORT	(UBR)		(	secon-FIL	ED 😽	<b>*</b>	-
DOCUMENT # L01000020634 1. Entity Name						Di O	SECRETARY VISION OF CO	TILLIKATI	UN6	0.00
PARRA-DI/	AZ ENTERPRISES, LL	.C				U	3 JUL - 1	AM 8: 5	4	
Principal Place of Business 701 BRICKEL AVE., STE. 3000 MIAMI 57 33131			Mailing Address Of BRIOKELL AVE., STE. 300 JAMI FZ 33131	00						
						11 <b>11</b> 11				
2. Principal P	NW · 23 (	Q D. Ave	Mailing Address NU	s. 123r	D. AV	e IIIII	I <b>e</b> n deun kum ann a		Hall ablig bligh i	
Suite, Apt.	·		Suite, Apt. #, etc.			02-	0 CHECK HER -06783	E IF MAKIN	IG CHANGES	
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330	26 951	A	233026	Country (	+		e of Status Desired		\$5.00 Add Fee Require	
6. Name and Address of Current Registered Agent				Name		7. Name an	d Address of Nev	Registered	Agent	
INTRASTATE REGISTERED AGENT CORPORATION – 701 BRICKELL AVE., STE. 3000 MIAMI FL 33131				Street A	Address (P.0	D. Box Numb	per is Not Accepta	ble)		
MUM	AI TL 33131								•	
				City	ity FL Zip Code					e
	named entity submits this strions of registered agent.	atement for the	e purpose of changing its re	egistered office o	r registered	agent, or b	oth, in the State of	Florida, I an	n familiar with,	and accept
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SIGNATURE .	Signature Arred or cristed some et co.		the identification (NOTE)	Donistoned Asset visco	ver executes of ord			DATE		
SIGNATURE .	Signature, typed or printed name of reg	pistered agent and to		Registered Agent signa		nen reinställing)		DATE		
SIGNATURE	Signature, typed or printed name of reg	pistared agent and ti		WIII FEE IS	50.00			DATE .		
SIGNATURE	Signature, typed or printed name of reg	pistered agent and ti	FILE NO	WIII FEE IS	50.00 partment			DATE		
9,	MANAGIN	pistered agent and to	FILE NO	W!!! FEE IS 5 to Florida De By May 1, 200	50.00 partment		ADDITION	DATE IS/CHANGE		
9.	MANAGIN MGRM	IG MEMBERS	FILE NO Make Check Payable Due	WIII FEE IS S to Florida De By May 1, 200	50.00 partment		ADDITION		S Change	Addition
9,	MANAGIN	IG MEMBERS,	FILE NO	W!!! FEE IS 5 to Florida De By May 1, 200	50.00 partment		ADDITION			Addition
9. TITLE NAME	MGRM PARRA DE ORTIZ, ALIC 701 BRICKELL AVE, STI MIAMI FL 33131	IG MEMBERS,	FILE NO	WIII FEE IS S to Florida De By May 1, 200	50.00 partment		ADDITION			☐ Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGRM PARRA DE ORTIZ, ALIC 701 BRICKELL AVE, STI MIAMI FL 33131 MGRM	IG MEMBERS,	FILE NO	WIII FEE IS S to Florida De By May 1, 200 10.  TITLE NAME STREET ADDRESS CIY-ST-ZIP TITLE	50.00 partment		ADDITION			☐ Addition
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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:

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