## **2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # L01000020943

1. Entity Name

DESIGN SCANDANAVIA, L.L.C.



**FILED** Feb 05, 2003 8:00 am Secretary of State

02-05-2003 90029 043 \*\*\*\*55.00

2. Principal Place of Business 3. Mailing Address   Suite, Apt. #, etc.   CHECK HERE IF MAKING CHANGES    City & State   City & State   Check Here IF MAKING CHANGES   Applied For Not Applicable   SALAS, RAUL E ESO.   SALAS, RAUL E ESO.   SALAS, EDC. PETERSON & LAGE, LLC.   Street Address (P.O. Box Number is Not Acceptable)    SALAS, RAUL E ESO.   Salas   Not Applicable   Street Address (P.O. Box Number is Not Acceptable)    SALAS, RAUL E ESO.   Street Address (P.O. Box Number is Not Acceptable)    SALAS, RAUL E ESO.   Street Address (P.O. Box Number is Not Acceptable)    STREET ADDRESS   Street Address (P.O. Box Number of Not Acceptable)    STREET ADDRESS   Street Address (P.O. Box Number of Not Acceptable)    STREET ADDRESS	Principal Place of Business 358 AVENUE SAN LORENZO SUITE #3110 CORAL GABLES FL 33148		Mailing Address  358 AVENUE SAN LORENZO SUITE #3110 CORAL GABLES FL 33146			20023208					
City & State  Country  Cou											
Country   Zip   Country   S. Certificate of Status Desired   S. S.00 Additional Fee Required   Fee Required   S. S.00 Additional Fee Required   S. S. S.00 Ad	Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					
Solid Status Desired Status Desired Solid Status Desired Solid Status Desired Solid Solid Pres Required Fee R	City & State		City & State			4. FEI Num	00 1 1000 10				
SALAS, RAUL E ESQ: SALAS, EDE, PETERSON & LAGE, LLC. 6333 SUSNET DR. SOUTH MIAMI FL 33143  City FL Zip Code  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    Signature   Signature required value of applicable   (NOTE: Regulated Agent algrature required when reintatizing)   DATE	Zip	Country Zip		Country		5 Certificate of Status Desired \$5.00 Additional					
SALAS, FAUL E ESO.  SALAS, EDE, PETERSON & LAGE, LLC. 6333 SUSNET DR. SOUTH MIAMI FL 33143  City FL Zip Code  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    Signature, types or printed name of registered agent and the # applicable. (NOTE: Registered Agent algorithre required when rematishing)   DATE    FILE NOW!!! FEE IS \$50.00	6. Name and Address of Current Registered Agent				l	7. Name aı	nd Address of New Re	gistered Ag	ent		
SALAS, EDE, PETERSON & LAGE, LLC. 6333 SUSNET DR. SOUTH MIAMI FL 33143  City FL Zip Code  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    Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)    Pille NOW!!! FEE IS \$50.00	CALAC DAHLE ECO			Nam	Name						
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SIGNATURE    Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstailing)   DATE	8 The above	named entity submits this statement for	the purpose of changing its	rapiatore d eff :			ath in the Other SEC 1				
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003  9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  TITLE MGR Delete NAME STREET ADDRESS 358 AVENUE SAN LORENZO, SUITE #3110 STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33146  TITLE MGR SCH LE, ALEXANDRE L STREET ADDRESS CITY-ST-ZIP TITLE MGR SCH LE, ALEXANDRE L STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33146  TITLE MGR SCH LE, ALEXANDRE L STREET ADDRESS CITY-ST-ZIP TITLE MGR SCH LE, ALEXANDRE L STREET ADDRESS CITY-ST-ZIP TITLE MGR Delete NAME STREET ADDRESS 358 AVENUE SAN LORENZO, SUITE #3110 STREET ADDRESS CITY-ST-ZIP TITLE MGR Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE MGR SCH LE, LIVIA LUTTI TITLE MGR SCH LE, LIVIA LUTTI STREET ADDRESS CITY-ST-ZIP TITLE NOW!!! FEE IS \$50.00 ADDITIONS/CHANGES TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME SCH LE, LIVIA LUTTI STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33146	• 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.										
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indicated on this report is true and accurate and that me 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 embowered 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