

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

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90227 026 \*\*\*\*55.00

**DOCUMENT # L01000021474**



1. Entity Name  
**THE GILMAR COMPANY, L.L.C.**

Principal Place of Business

Mailing Address

**11821 SW 57TH CT.  
CORAL GABLES FL 33156**

**11821 SW 57TH CT.  
CORAL GABLES FL 33156**

**20009125**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

**3116 Alhambra Circle**  
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**CORAL GABLES, FL**

City & State  
**CORAL GABLES**

4. FEI Number **01-0562303**

Applied For

Not Applicable

Zip **33134** Country **USA**

Zip **33134** Country **USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DERAY, MARCEL  
11821 SW 57TH CT.  
CORAL GABLES FL 33156**

Name

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

**3116 Alhambra Circle**

City

**CORAL GABLES**

FL

Zip Code

**33134**

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)

DATE

**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 ☐ Delete  
NAME **MGRM**  
STREET ADDRESS **DERAY, MARCEL**  
CITY-ST-ZIP **11821 SW 57 CT  
CORAL GABLES FL 33156**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **3116 Alhambra Circle**  
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE ☐ Delete  
NAME **MGRM**  
STREET ADDRESS **DERAY, GILBERT**  
CITY-ST-ZIP **38 RUE BUSTAVE GOUBLIER  
LA VARENNE ST HILAIRE FRANCE 94210**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

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

Date

Daytime Phone #

CR2E083 (10/02)