

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

2/

FILED
Mar 28, 2002 8:00 am
Secretary of State

02-13-2002 90123 040 ****50.00

DOCUMENT # L01000021740

1. Entity Name

ALAMO, TX POST OFFICE, L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9725 SW 215th LN

3. Mailing Address

9725 SW 215th LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-1156068

Applied For

Not Applicable

Zip

33189

Country

DADE

Zip

33189

Country

DADE

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Charles Baker

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

9725 SW 215th LANE

City

Miami

FL

Zip Code

33189

**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

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

Charles Baker President

2/7/02

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PRESIDENT	Charles Baker	9725 SW 215 th LANE	Miami, FL 33189				
Principal	Andrea Filtenoyer	6500 68 AVE N	Pineellas PARK, FL 33781				

**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)(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:

Charles Baker

Charles Baker President

2/7/02

305-718-8095

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

Date

Daytime Phone #

CR2E083B (12/01)