## 2002 UNIFORM RUSINESS REDORT (URD)

### ANAGON STREET ### ADLINWOOD FL 3304  2. Primoso Place of Business  Suite, Apt. e. clc.  City & State  C	DOCUMENT# LO200000229  1. Entity Name Fig. LLC						FILED 02 OCT 22 PM 5: 25			
Suite, Apt. #, otc.    Suite, Apt. #, otc.   Suite, Apt. #, otc.   DO NOT WRITE IN THIS SPACE	C/O DAVID GONZALEZ C/O DAVID GONZALEZ 6472 JOHNSON STREET C/O DAVID GONZALEZ 6472 JOHNSON STREET					SECHETARY OF STATE. TALEAHASSEE FEORIDA				
City & State  Country  Zip  Country  Zip  Country  S. Confined of Status Desired  Scot Additional  For Require  For State of Fords. I am familiar with, and accept the outling familiar and accept the outling familiar and accept the outling familiar and accept accept the outling familiar and accept accept the outling familiar accept the outling familiar accept accept the outling familiar accept the outling familiar accept the outling familiar accept accept the outling familiar accept the outline outline familiar accept the outline outline familiar accept the outling familiar accept the outline outline familiar ac	2. Principal Place of Business		3. Mailing Address		1 400					
The Application   Status Desired   \$5.00 Additional   \$5.00 Additional   \$5.00 Additional   \$6.00 Additional	Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
S. Name and Address of Current Registered Agent	City & State		City & State			4. FEI N				
RESTREPO, DIEGO L ESO. 547 MAJORCA AVENUE CORAL GABLES R. 33134  City FL Zip Code  C	Zip	Country	Zip	Coun	try	5. Certi	ficate of Status Desired	□ \$5.00 Ac	iditional	
Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  FL  All City  FL  All City  FL  Zip Code  FL  All City			Registered Agent		Name	7Nam	e and Address of New F	Registered Agent		- - - -
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    PILLE NOW!!! FEE! \$50.00	547	MAJORCA AVENUE			Street Addres	ss (P.O. Box N	umber is Not Acceptable	a)		-
B. The above named entry 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					City	·		FJ Zip Cod	de	
Signature, typed or printed range of registered appirt and the it applicable.    International Content of State	the obligat	named entity submits this statement fo tions of registered agent.	or the purpose of changing	its registere	ed office or regis	tered agent, o	or both, in the State of Flo	. —	, and accept	-
9. MANAGING MEMBERS/MANAGERS  TITLE MAME GONZALEZ, DAVID GONZALEZ, TATIANA GONZALEZ, TATIA	SIGNATURE	Signature, typed or printed name of registered agent					ng)	DATE		1
TITLE MMSR GONZALEZ, DAVID SIRET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33024  TITLE MGR GALKINA-GONZALEZ, TATIANA GAZIANA-GONZALEZ, TATIANA GAZIANA-GONZA			Make Check I	Payable to	Departmen	of State	600008 -22/0201071	3519766 -019 **150.0	30	
NAME STREET ADDRESS CITY-ST-ZP HOLLYWOOD FL 33024  TITLE MGR GALKINA-GONZALEZ, TATIANA 6472 JOHNSON STREET HOLLYWOOD FL 33024  TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-S				_			ADDITIONS			
TITLE  MAME  GALKINA-GONZALEZ, TATIANA  GALKINA-GONZALEZ, TATIANA  GATZ JOHNSON STREET  HOLLYWOOD FL 33024  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	NAME STREET ADDRESS	GONZALEZ, DAVID 6472 JOHNSON STREET HOLLYWOOD FL 33024	∟ Delete	NAME STREE	ET ADDRESS			☐ Change	☐ Addition	2E083 (4/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-	NAME STREET ADDRESS	GALKINA-GONZALEZ, TATIANA 6472 JOHNSON STREET	☐ Delete	NAME STREE	ET ADDRESS	6		☐ Change	☐ Addition	CR
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET	NAME STREET ADDRESS	TIOLETWOOD PE 33024	☐ Delete	-TITLE NAME STREE	T ADDRESS	45/		Change -	- Addition	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE 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 cath; that I am a managing member or manager of the limited liability company or the receiver or trustee expowered to execute this report as required by Chapter 608, Florida Statutes.	TITLE NAME STREET ADDRESS	Drug		TITLE NAME STREE	TADDRESS			☐ Change	☐ Addition	<u>.</u>
TITLE  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 expowered to execute this report as required by Chapter 608, Florida Statutes.	TITLE NAME STREET ADDRESS	HEINSTATE	MENT Deleas	(ITI) HAME STREE	2 TADDRESS	-	115.0	☐ Change	☐ Addition	
limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREE	T ADDRESS			☐ Change	Addition	
SIGNATURE: DAVID GONZALEZ (939)530 0710	limited liab	of this report is true and accurate and indifference or trustee	.nat my signature snali nave	a the same.	required by Cha	made under pter 608, Flor	oath; that I am a manag ida Statutes. •	ing memberor manage	nformation r of the	