

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90579 026 ****50.00

0054416

DOCUMENT # L02000002691

1. Entity Name
ESSENCE CONSULTING, L.L.C.



Principal Place of Business
~~8360 WEST FLAGLER ST., STE. #200~~
~~MIAMI FL 33144~~
4120 Malaga Ave.
Miami FL 33133

Mailing Address
~~8360 WEST FLAGLER ST., STE. #200~~
~~MIAMI FL 33144~~
4120 Malaga Ave
Miami, FL 33133



2. Principal Place of Business
4120 Malaga Ave

3. Mailing Address
4120 Malaga Ave

Suite, Apt. #, etc.
MIAMI, FL

Suite, Apt. #, etc.
MIAMI, FL

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33133

Country
USA

Zip
33133

Country
USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
02-0556379

Applied For
☐ Not Applicable

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

MIJARES, CARLOS
8360 WEST FLAGLER ST., #200
MIAMI FL 33144

Name
Enrique Gardano

Street Address (P.O. Box Number is Not Acceptable)
4120 Malaga Avenue

City
Miami

FL Zip Code
33133

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 *Enrique Gardano* **Enrique Gardano, Authorized Representative 4/22/03**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	MIJARES, CARLOS	8360 WEST FLAGLER ST., STE. #200	MIAMI FL 33144	<input type="checkbox"/>
		4120 Malaga Ave	Miami, FL 33133	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Enrique Gardano* **Enrique Gardano, Authorized Rep 4/22/03 (305) 996-6278**

SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE) Date Daytime Phone #

CR2E083 (10/02)