

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

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90763 021 ****50.00

DOCUMENT # **L02000002998**

1. Entity Name

JARO REALTY, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3291 NE 164 ST

3. Mailing Address

3291 NE 164 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

N MIAMI BEACH, FL

City & State

N MIAMI BEACH, FL

4. FEI Number

01-0599833

Applied For

Not Applicable

Zip

Country

33160

Zip

Country

33160

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name **DAVID TORCHIN, CPA, PA**

Street Address (P.O. Box Number is Not Acceptable) **8211 W. BROWARD BLVD.**

STE 200

City **PLANTATION**

FL

Zip Code **33324**

**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

Signature, type or print name of registered agent and title if applicable.

DAVID TORCHIN, CPA, PA

3/2/03

DATE

FEE IS \$50.00

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MEMBER**
NAME **MR**
STREET ADDRESS **ROBERT WAGNINE**
CITY-ST-ZIP **3291 NE 164 ST**
N. MIAMI BEACH FL 33160

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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:

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, RECEIVER OR TRUSTEE REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)