2003 LIMITED LIABILITY COMPANY

FILED Feb 18, 2003 8:00 am Secretary of State

DOCUMENT # L02000003454 S SUGAR LIMITED LIABILITY COMPANY Principal Place of Business ITID EAST LAS OLAS BLVD. PERINCUSE II FORT LAUDERDALE FL 2001 TO EAST LAS OLAS BLVD. PERINCUSE II FORT LAUDERDALE FL 2001 S SURE API R oc of Business I Making Address I Ma			33 NEPUN	. 10	<u>'N' </u>	 ا	01-27-20	03 90041 003	50.00	
Principal Place of Business IND EAST LAS CLUS BLVD. PRINCIPS II FORT LAUDERQUE FL 2000 2. Principal Place of Business Suris. And R. Rife. Suris. And R. Rife. Suris. And R. Rife. Suris. And R. Rife. City & State City &	i. Chary Na	ne -								
TOO EAST LAS DUAS BLUD. PORTHOUSE II TOO EAST LAS DUAS BLUD. PRINTHOUSE II CORT LAUDERBALE FIL 2000 COUNTY COU										
FORT LAUDERDALE FL 33301 2. Principal Place of Business 3. Mailing Address Surp. Agil. 9.980:	Principal Pla	ce of Business	Mailing Address	Mailing Address						
Sure, Ap. 8, etc. City & State			1700 EAST LAS OLAS BLY FORT LAUDERDALE FL 33	VD., PENTHOU 1301	JSE III		_			
Sure, Ap. 8, etc. City & State	} 	<u> </u>)	1880 6 0 60 0 6 00 18 6 0 60 00	80/11 28/11 20/22 (UH 210/	EL BUNG BLET YERY	
City & State City & State City & City & State City & State City & Cit	2. Principal Place of Business					THE REPORT OF COMPANIES OF COMP				
Zip Country Zip Country S. Certificate of Status Desired S.O. Additional So. Machicale So. O. Additional So. Required S. Certificate of Status Desired So. O. Additional So. Required So. Required So. Required So. Required So. Required So. Required Status Desired So. Required So. Required Status Desired Status Desired Status Desired So. Required Status Desired Status De	Suite, Apt	. #, etc.	Suite, Apt. # .etc:				CHECK HERE	F MAKING CHANGE	S	
20 Country 5. Certificate of Status Desired S.5.00 Astitional Februaries 8. Name and Address of Current Registered Agent 7. Name and Address of New Pegistered Agent 7. Only 1. Name and Address of New Pegistered Agent 7. Only 1. Name and Address of New Pegistered Agent 7. Only 1. Name and Address of New Pegistered Agent 7. Only 1. Name and Address of New Pegistered Agent 7. Only 1. Name and Address of New Pegistered Agent 7. Only 1. Name and Address of New Pegistered Agent 7. Only 1. Name and Address of Name and Address of New Pegistered Agent 7. Only 1. Name and Address of Name and Name and Address of Name and Name and Name and Name and Name	City & State		City & State							
MARTINEZ, JORGE R 1700 EAST LAS CLAS BLVD. PH-B FORT LAUDERDALE FL 33301 City FL Zip Code City FL Zi	Zip Country					5. Certifica		\$5.00	Additional	
MARTINEZ, JORGE R 1700 BAST LAS CLAS BLVD., PHIlls FORT LAUDERDALE PL 33301 City FL Zip Code City FL Zip Code 6. The above named entity submits the 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 SQUARM, Yeard or printed area of inditined looks and this if applicable. (NOTE Registered Agent signature measure who inditisery). Marker Citiester Payable to Florida Department of State Due By May 1, 2003 9. MANAGINIS MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MANAGINIS MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 10. ADDITIONS/CHANGES 10. ADDITIONS/CHANGES 10. ADDITIONS/CHANGES 10. STRET ADDRESS 10.		6. Name and Address of Current R	egistered Agent			7. Name a	nd Address of New Re	gistered Agent —		<u> </u>
### TYDO EAST LAS CLAS BLVD., PHIlls FORT LAUDERDALE PL 33301 City FL Zip Code	MAR	rtinez. Jorge R		N	ame			_ 		
B. 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 Signat	1700 EAST LAS OLAS BLVD., PH-III		l é ·	Street Add		is (P.O. Box Number is Not Acceptable)				
B. The above named entity submits this statement for the purpose of changing its registered depent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent. Signature Sepature types or printed when a displaced Agent and itse if applicable. PATE Pages and Agent Expensive registered depent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent. PATE PAGES	•				<u> </u>					
SIGNATURE Signature trained at registered agent and the disposable (NOTE Registered Agent Egobusine registered informations) DATE				ľ	•			FLI		7
FILE NOW!!! FEE IS \$50.00 Marker Check Payable to Florida Department of State Due by May 1, 2003 Marker Check Payable to Florida Department of State Due by May 1, 2003 MANAGING MEMBERS / MANAGERS 10.	uie Congat	ovis or registered again.		<u>.</u>			ooth, in the State of Flori		and accept	
Managing members / Managers Due by May 1, 2003		adiana di Abao di buntos timus di Leftermen affair sul				when rainstating)		DATE		4
Due By May 1, 2003 9. MANAGING MEMBERS MANAGERS 10. ADDITIONS/CHANGES TITLE MAKE TORGE MCrt. Net STREET ADDRESS 170 0 E LAL OLAS RUD TITLE MAKE STREET ADDRESS CITY-ST-ZIP TITLE MAKE STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE Delete TITLE MAKE STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE MAKE STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE MAKE STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE MAKE STREET ADDRESS CITY-ST-ZIP TITLE			Make Check Pavable	e to Florid	a Departmen	t of State		<u> </u>		-
TITLE MAME TORCE MCTT.NEY STRET ADDRESS CITY-ST-ZP TITLE NAME NAME STRET ADDRESS CITY-ST-ZP TITLE NAME										
TITLE MAME TORGE MCTT.Net CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE Change Addition MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE Change Addition MAME STREET ADDRESS CITY-ST-ZIP TITLE CHANGE STREET ADDRESS CITY-ST-ZIP TITLE CHANGE CHANGE STREET ADDRESS CITY-ST-ZIP TITLE CHANGE STREET ADDRESS CITY-ST-ZIP TITLE CHANGE CHANGE STREET ADDRESS CITY-ST-ZIP CHANGE CHA	9.	MANAGING MEMBERS	S/MANAGERS	10.			ADDITIONS/C	HANGES		-
STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Oelste TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET									☐ Addition	୷ୢୄ୕ୡ
STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Oelste TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET	ſ	HORCE Mart	Nev		ME CC				•	5
STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Oelete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	L	FORT LANDENDALE	1 Riva.							88
STREET ADDRESS CITY-ST-ZIP TITLE Delete	TITLE	Total Colonia	/	TITLE				[7] Chance	☐ Addition	<u> </u>
CITY-ST-ZIP CHANGE CHANGE Addition Addition Addition Addition Addition CHANGE	- 1							☐ Crisinge		2
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITT-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STRET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STRE	1		·		- 1					
STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST			Delete						- Addition	
CITY-ST-ZIP CITY-	ſ				Brec .					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRES	CITY-ST-ZIP				1 4					
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CIT			☐ Oelete			•		☐ Change	Addition	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP It. 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 simplure shall have the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	STREET ADDRESS		والمراجب والمسرو المراجب		RESS		·			} ·
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRES				CITY-ST-ZIP						
STREET ADDRESS CITY-ST-ZIP ITILE MAME MAME STREET ADDRESS CITY-ST-ZIP ITILE MAME STREET ADDRES	(☐ Delete					☐ Change	☐ Addition	
CITY-ST-ZIP CITY-	1				rece					
NAME STREET ADDRESS CITY-ST-ZIP IT. 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 simplifies shall have the same legal effect as if mode indicated.	CITY-ST-ZIP									
NAME STREET ADDRESS CITY-ST-ZIP I.1. 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 simplifyer shall have the same legal effect as if mode under the same legal effect as			☐ Delete	TITLE				☐ Change	Addition	1
CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP Included on this report is true and accurate and that my simplure shall have the same legal effect as if mode under solutions and under solutions are legal effect as if mode under solutions and under solutions are legal effect as if mode under solution	I .				***		2.			
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 simplying shall have the same legal effect as if mode under some legal of the control	1			E	E23					1
	1. I hereby ce	rtify that the information supplied with this	s filing does not qualify for the	a overnotion	stated in Social	On 110 07/25	(i) Florida Cratura			Į.
limited liability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.								member or manager	r of the	