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Secretary of State
05-02-2003 90581 009 ***150.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000005067

1. Entity Name
VARDEL INTERNATIONAL, L.L.C.

30066892

Principal Place of Business
% ALAYON & ASSOCIATES, P.A.
2450 SW 137TH AVE., SUITE 221
MIAMI FL 33175

Mailing address
% ALAYON & ASSOCIATES, P.A.
2450 SW 137TH AVE., SUITE 221
MIAMI FL 33175

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business: 8059 N.W. 54 ST
Suite, Apt. #, etc.:
City & State: MIAMI, FLA
Zip: 33166 Country: USA

3. Mailing Address:
Suite, Apt. #, etc.:
City & State:
Zip: Country:

4. FEI Number: 06-0054625 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
A&P REGISTERED AGENT, INC.
2450 SW 137TH AVE., SUITE 221
MIAMI FL 33175

7. Name and Address of New Registered Agent
Name: CARRERA - AMADOR, PA
Street Address (P.O. Box Number is Not Acceptable): 780 N.W. LEJEUNE ROAD # 423
City: MIAMI FL Zip Code: 33126

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: JUAN CARRERA 4-29-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

[redacted]

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGRM NAME: VARDEL INTERNATIONAL, INC. STREET ADDRESS: % 2450 SW 137TH AVE., SUITE 221 CITY-ST-ZIP: MIAMI FL 33175	☒ Delete	TITLE: NAME: VARDEL INT'L, LLC STREET ADDRESS: 8059 N.W. 54 ST CITY-ST-ZIP: MIAMI, FLA 33166	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: X [signature] 4-29-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #