

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92176 045 ****55.00

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

DOCUMENT # **L02000005174**

1. Entity Name

La Covadonga management Group, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1455 NW 14 Street

Suite, Apt. #, etc.

3. Mailing Address

PO Box 558728

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

75-3019440

Applied For

Not Applicable

Zip

33125

Country

USA

Zip

33255

Country

USA

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Benjamin Metsch, Esquire

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

1455 NW 14 Street

City

Miami

FL

Zip Code

33125

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**Managing member
Gabriel A. Delgado
1455 NW 14 Street
Miami, FL 33125**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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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:

Gabriel A. Delgado

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/29/03

Date

305-649-5835

Daytime Phone *

CR2E063B (12/02)