

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2003 8:00 am
Secretary of State

04-28-2003 90074 045 ****50.00

DOCUMENT # L02000007417

1. Entity Name
BRIDGER CONWAY, L.L.C.



44001622

Principal Place of Business
**1111 LINCOLN ROAD
SUITE 821
MIAMI BEACH FL 33139**

Mailing Address
**1111 LINCOLN ROAD
SUITE 821
MIAMI BEACH FL 33139**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

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

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
75-3058799

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

Applied For
☐ Not Applicable

6. Name and Address of Current Registered Agent
**ROTH, LEONARDO A ESQ.
3440 HOLLYWOOD BLVD.
SUITE 380 ROTH, ROUSSO & DARRACH, P.A.
HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent
Name **FELIPPELLI, SANTIAGO**
Street Address (P.O. Box Number is Not Acceptable)
1111 LINCOLN ROAD
Suite **821**
City **MIAMI BEACH** FL Zip Code **33139**

8. The above named entity, submitting 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 DATE **APRIL 24th, 2003**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when installing)

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	MGRM FELIPPELLI, SANTIAGO 1111 LINCOLN ROAD MIAMI BEACH FL 33139 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRIDGER, MARCELO 1111 LINCOLN ROAD MIAMI BEACH FL 33139 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: **SIGNATURE REQUIRED** **APRIL 24th, 2003** **305 777 1850**

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

CR2083 (10/02)