

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

05-01-2003 90349 001 ***220.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000007635			
1. Entity Name TRANSLEGNO LLC ✓			
Principal Place of Business 1897 PALM BEACH LAKES BLVD., SUITE 226 WEST PALM BEACH FL 33409		Mailing Address 1897 PALM BEACH LAKES BLVD., SUITE 226 WEST PALM BEACH FL 33409	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent WARNER & ASSOCIATES, CPA, PA 1897 PALM BEACH LAKES BLVD., SUITE 226 WEST PALM BEACH FL 33409		4. FEI Number 04-3653841 Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required		☐ CHECK HERE IF MAKING CHANGES	
6. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____			
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	P MATJAZ SIVIC 1897 PALM BCH. LAKES BLVD. WPB, FL 33409 # 226 ☐ 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
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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)(f), 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		Date 04.23.03	

CR2003 (10/02)