L02000010063

FILED
2003 OCT 23 AM 9:25
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000010063

1. Entity Name
NALYNYLA INVESTMENTS, LLC

Principal Place of Business	Mailing Address
4300 SHERIDAN STREET #109 HOLLYWOOD, FL 33012	4300 SHERIDAN STREET #109 HOLLYWOOD, FL 33012

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 46-0480042 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SANCHEZ-OSORIO, MARILYN ESQ.
THE LAW OFFICES OF SANCHEZ-OSORIO & ASSOC
5201 BLUE LAGOON DR., PENTHOUSE
MIAMI, FL 33126

7. Name and Address of New Registered Agent

Name SAME

Street Address (P.O. Box Number is Not Acceptable)
15401 S.W. 74 CIRCLE COURT #307

City MIAMI FL Zip Code 33193

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 Marilyn Sanchez-Osorio MARILYN SANCHEZ-OSORIO, ESQ. 9-22-2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when assisting) 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	MGRM LEON, NESTOR A 11840 N.E. 19TH DR. #6 NORTH MIAMI, FL 33181	☐ Delete	MGRM LEON, NESTOR A. 4300 SHERIDAN STREET #109 HOLLYWOOD, FL. 33012	☒ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete	500024027125 10/23/03--01007--007 **55.00	☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition

CR2E083 (10/02)

FEES STATEMENT 2003

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: NESTOR A. LEON 9-22-2003 (786) 3465585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #