

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

2003 +  
2004

10/2

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAR 22 PM 1:40

LR 02/102/04

DOCUMENT # L02000010185

1. Entity Name

VALERIA, LLC

2003 + 2004



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3735 SW 8th ST

3. Mailing Address

3735 SW 8th ST

Suite, Apt. #, etc.

STE 105

Suite, Apt. #, etc.

STE 105

DO NOT WRITE IN THIS SPACE

City & State

CORAL GABLES FL

City & State

CORAL GABLES FL

4. FEI Number

54-208-4285

Applied For

Not Applicable

Zip

33134

Country

MIAMI-DADE

Zip

33134

Country

MIAMI-DADE

5. Certificate of Status Desired ☐

\$5.00

Additional Fee Required

7. Name and Address of Current Registered Agent

Name

HECTOR ARAGON

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

3735 SW 8th ST

STE 105

City

CORAL GABLES

FL

Zip Code

33134

**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.

100031861281

04/06/04--01024--014 \*\*100.00

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  
MGR  
HECTOR ARAGON  
3735 SW 8th ST, STE 105  
CORAL GABLES FL 33134

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
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:

*[Signature]*

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

3/15/04

Date

305569-0016

Daytime Phone #

CR2E083B (12/02)

20/2

**VALERIA, LLC**  
3735 SW 8<sup>TH</sup> ST #106  
CORAL GABLES, FL 33134

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAR 22 PM 1:40

March 15, 2004

Florida Department of State  
Division of Corporations  
P O Box 6478  
Tallahassee, FL 32314

RE: Valeria, LLC

Going through our records we have found that last years Limited Liability Company  
Uniform Business Report for Valeria, LLC was not completed.

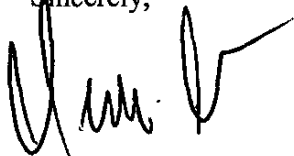
Please be advised that we changed our mailing address to:

Valeria LLC  
3735 SW 8<sup>TH</sup> ST, Suite 105  
Coral Gables, FL 33134

therefore, we did not receive the 2002 UBR Form from you on a timely basis. We  
respectfully request that you please waive any penalties assessed to our account.

Attached please find UBRs for 2003 and 2004 together with our check #1002 for  
\$100.00.

Sincerely,



Hector Aragon  
Managing Director