

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2003 8:00 am
Secretary of State

02-11-2003 90050 017 ****50.00

DOCUMENT # L02000011265

1. Entity Name
WALK FUNNY, L.L.C.



Principal Place of Business

400 C.P.W. APT. 15D
NEW YORK NY 10025

Mailing Address

400 C.P.W. APT. 15D
NEW YORK NY 10025

2. Principal Place of Business

185 SE 14TH TERR
Suite, Apt. #, etc.
2304

3. Mailing Address

Suite, Apt. #, etc.

City & State
Miami FL

City & State

Zip
33131

Country

Zip

Country

4. FEI Number

043700699

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PORTUONDO, FERNANDO J ESQ.
FERNANDO J. PORTUONDO, P.A.
2121 PONCE DE LEON BLVD, STE 600
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name **FABIO G. CORDERO**

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

17324 SW 138 CT

City **Miami**

FL

Zip Code

33177

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]*
Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/3/03

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
MGRM
FABIO G CORDERO
400 C.P.W. Apt 15D
NEWYORK N.Y 10025

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
MGRM
CAREY S. DAVIS
400 C.P.W. Apt. 15D
NEWYORK NY 10025

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

2/3/03

(212) 9327754

Date

Daytime Phone #

CR2E083 (10/02)