

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90073 029 ****50.00

DOCUMENT # L02000011449

1. Entity Name

SUNNY LANDS INVESTMENTS L.L.C.



Principal Place of Business

10965 N.W. 62ND TERRACE
MIAMI FL 33178

Mailing Address

10965 N.W. 62ND TERRACE
MIAMI FL 33178

2. Principal Place of Business

7390 S.W. 107 AVENUE

3. Mailing Address

7390 S.W. 107 AVENUE

Suite, Apt. #, etc.

2-206

Suite, Apt. #, etc.

2-206

City & State

MIAMI, FLA.

City & State

MIAMI, FLA.

Zip

33173

Country

U.S.A.

Zip

33173

Country

U.S.A.

4. FEI Number

03-04-24-940

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

PINEROS, JUAN I
10773 N.W. 58TH STREET, #164
MIAMI FL 33178

7. Name and Address of New Registered Agent

Name
PINEROS, JUAN I

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

7390 S.W. 107 AVENUE

APT. 2-206

City **MIAMI**

FL

Zip Code

33173

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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	MGR BUITRAGO, ALBERTO 5599 N.W. 105 COURT MIAMI FL 33178	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BUITRAGO, ALBERTO 7390 S.W. 107 AVENUE - APT. 2-206 MIAMI, FL 33173	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

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

APRIL 24, 2003 - 786 285-8712

Date

Daytime Phone #

CR2E083 (10/02)