

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


**FILED**  
**Sep 18, 2003 8:00 am**  
**Secretary of State**

9/

09-03-2003 90014 005 \*\*\*\*55.00

**DOCUMENT # L02000012262**

1. Entity Name  
**ENTELEQUIA GROUP, LLC**



Principal Place of Business: **1440 J.F. KENNEDY CAUSEWAY, STE. 312 NORTH BAY VILLAGE FL 33141**

Mailing Address: **1440 J.F. KENNEDY CAUSEWAY, STE. 312 NORTH BAY VILLAGE FL 33141**

2. Principal Place of Business: **1440 JF Kennedy Causeway**  
Suite, Apt. #, etc.: **312**  
City & State: **North Bay Village**  
Zip: **33141** Country: **US**

3. Mailing Address: **same as above**  
Suite, Apt. #, etc.: **same as above**  
City & State: **same as above**  
Zip: **same as above** Country: **same as above**

**[REDACTED]**

CHECK HERE IF MAKING CHANGES

4. FEI Number: **37-1430774** Applied For:  Not Applicable:

5. Certificate of Status Desired:  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
**LONA, LAURA**  
**1440 J.F. KENNEDY CAUSEWAY, STE. 312 NORTH BAY VILLAGE FL 33141**

7. Name and Address of New Registered Agent  
Name: **Laura Lona**  
Street Address (P.O. Box Number is Not Acceptable): **1440 JF Kennedy Caus #312**  
City: **North Bay Village** FL Zip Code: **33141**

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

REG. AGENT: **Laura Lona** DATE: **08/29/03**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS / MANAGERS

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
manager	Laura Lona	7539 West treasure Dr North Bay Village, FL 33141	<input type="checkbox"/>

10. ADDITIONS / CHANGES

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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* **REQUIRED REG. AGENT** DATE: **8/29/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/03)