FILED
Jun 13, 2003 8:00 am
Secretary of State
05-05-2003 92167 050 ***150.00
06-13-2003 90005 003 *****5.00

FROM : BATTAH BROTHERS   FAX NO. : 3052556664

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000014421

10107548

1. Entity Name
I.D.F. MANUFACTURE, L.L.C.

[redacted]

Principal Place of Business: ~~11260 SW 95 ST. MIAMI FL 33176~~
Mailing Address: ~~11260 SW 95 ST. MIAMI FL 33176~~

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business: 225 W 74 Pl.
Suite, Apt. #, etc.
City & State: Hialeah FL
Zip: 33014 Country: Miami Dade

3. Mailing Address: 225 W 74 Pl.
Suite, Apt. #, etc.
City & State: Hialeah FL.
Zip: 33014 Country: Miami Dade

4. FEI Number: 14-1859843 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
SPINELLI, MARIO
11260 SW 95 ST.
MIAMI FL 33178

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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	General Manager	☐ Delete
NAME	Leonardo Roca	
STREET ADDRESS	16933 NW 53 Ave	
CITY-ST-ZIP	Miami FL 33055	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

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

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE) Date 4/29/03

Daytime Phone #