FILED
Feb 12, 2003 8:00 am
Secretary of State

01-06-2003 90132 023 ****50.00

1/6/

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000015265

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[redacted]

☐ CHECK HERE IF MAKING CHANGES

1. Entity Name
CASA ATLANTICA LLC

Principal Place of Business	Mailing Address
2500 HIBISCUS PLACE FT. LAUDERDALE FL 33301	2500 HIBISCUS PLACE FT. LAUDERDALE FL 33301

2. Principal Place of Business	3. Mailing Address
2500 Hibiscus Place	2500 Hibiscus Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Lauderdale FL.	City & State: Ft. Lauderdale Fl.
Zip: 33301 — Country: Broward	Zip: 33301 — Country: Broward

4. FEI Number: 82-0549753 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JENKINS, GEORGE ROBERT 2500 HIBISCUS PLACE FT. LAUDERDALE FL 33301	Name: George Robert Jenkins MGRM Street Address (P.O. Box Number is Not Acceptable): 2500 Hibiscus Place City: Ft. Lauderdale FL Zip Code: 33301

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: *George Robert Jenkins* DATE: 1/25/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M.G.R.M. George Robert Jenkins 2500 Hibiscus Place Ft. Lauderdale FL. ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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: *George Robert Jenkins* Jan. 6/03 (954) 764-3009

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