

A UAL E C A

DOCUMENT # L02000015393

1. Entity Name  
PROVIDENCIA LLC



**FILED**  
**Jan 13, 2004 8:00 am**  
**Secretary of State**

01-13-2004 90040 028 \*\*\*\*50.00

Principal Place of Business  
104 CRANDON BLVD., #409  
KEY BISCAYNE, FL 33149

Mailing Address  
104 CRANDON BLVD., #409  
KEY BISCAYNE, FL 33149

2. Principal Place of Business  
2828 SW 22<sup>ND</sup> ST.

3. Mailing Address  
2828 SW 22<sup>ND</sup> ST.



Suite, Apt. #, etc.  
# 208

Suite, Apt. #, etc.  
# 208

01072004 Chg-LLC CR2E083 (10/03)

City & State  
MIAMI, FL.

City & State  
MIAMI, FL

4. FEI Number  
35-2172352

Applied For  
Not Applicable

Zip  
33145

Country  
USA

Zip  
33145

Country  
USA

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

6. Name and Address of Current Registered Agent

DE LA CRUZ, LUIS F JR  
95 MERRICH WAY, STE. 440  
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name UFG PROPERTY MANAGEMENT  
Street Address (P.O. Box Number is Not Acceptable)  
2828 SW 22<sup>ND</sup> ST. # 208

City MIAMI FL Zip Code 33145

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.

N. Roman MGR.

1-7-04

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00  
Due by May 1, 2004

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM  
NAME PELL, MARIA A  
STREET ADDRESS 104 CRANDON BLVD., #409  
CITY-ST-ZIP KEY BISCAYNE, FL 33149 ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2828 SW 22<sup>ND</sup> ST. # 208  
CITY-ST-ZIP MIAMI, FL. 33145

TITLE MGRM  
NAME DE OYHANTARTE, MARIA O  
STREET ADDRESS 104 CRANDON BLVD., #409  
CITY-ST-ZIP KEY BISCAYNE, FL 33149 ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2828 SW 22<sup>ND</sup> ST. # 208  
CITY-ST-ZIP MIAMI, FL. 33145

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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CITY-ST-ZIP ☐ 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

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

N. Roman

1-7-04

Date

(352) 648-3141

Daytime Phone #