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

## FILED Jun 13, 2003 8:00 am Secretary of State

U	NIFORM BUSINE	SS REPORT	<u> </u>	BR)	; -	Secret				
DOCUMENT # L02000016552						05-06-2003 90065 004 ****50.00				
C & M, LL	.C	 ✔								
Principal Plac	ce of Business	Mailing Address						i: <b>4</b>		
C/O_TURNER & ASSOCIATESCPA'S C/O TURNER & ASSOCIATESCPA'S C/O TURNER & ASSOCIATESCPA'S One Southeast Thir Miaml, FL 33131 Miaml, FL 33131					44004241					
2. Principal Place of Business		3. Malling Address					: 			
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State		City & State			4. FEI Number 003 4339 Applied For Not Applicable					<b>F</b>
Zip	Country	Zip Count		try	Certificate of Status Desired			ditional		
	6. Name and Address of Current I	Registered Agent			7. Name an	id Address of New R				<u>-</u>
ENRIQUEZ-STEPHEN C				Name						
One Southeast Third Avenue, Suite 1440 Miami, FL 33131				Street Address (	Address (P.O. Box Number is Not Acceptable)					
			ı	City			FL	Zip Cor	ie	┥
9 The shows	named entity submits this statement for	r the purpose of changing its r	renistera	ed office or register	red agent or b	oth, in the State of Ec		emiliar with	and accent	$\dashv$
	tions of registered agent.	i die perpose of entinging its i	09.0.0.	o chiec of register	eo agon, or o	out, at the didition to			, as lo dadopt	
SIGNATURE .	Signature, typed or printed name of registered agent e	ind title if applicable. (NOTE:	Registered	Agent signsture required	when reinstating)		DATE			
,		FILE NO	WIII F	EE IS \$50.00						1
	Make Check Payable to Florida Department of State									
)		Due	By Ma	ry 1, 2003						1
9.	MANAGING MEMBE	<del></del>	10.			ADDITIONS/	CHANGES			۽ إ
TITLE NAME	MGR Enriquez, Stephen C	☐ Delete	TITLE	· · · · · · · · · · · · · · · · · · ·				☐ Change	Addition	100
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CITY-ST-ZIP	Miami, FL 33131		CITY-	ST-ZIP	·	<u> </u>				18
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11. I hereby of indicated limited lia	certify that the information supplied with on this report is truefind accurate and t bility company or the receiver or trustee	this tiling does not qualify for the that my signature shall have the empowered to execute this re	ne exen le same liport as	nption stated in Sec legal effect as if m required by Chapti	cuon 119.07(3) ade under oat er 608, Florida	χι), Florida Statutes. I n; that I am a managi Statutes.	turther certil ng member	ly that the in or manage	ntormation r of the	

signature: Xignature rec

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PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORITED REPRESS

12/103

Daytime Phone #