

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92173 010 *****50.00

0014716

DOCUMENT # L02000018679

1. Entity Name

304 SUNNY INVESTMENT, LLC



Principal Place of Business

**2200 SOUTH DIXIE HIGHWAY
SUITE 705
MIAMI FL 33133**

Mailing Address

**2200 SOUTH DIXIE HIGHWAY
SUITE 705
MIAMI FL 33133**

2. Principal Place of Business

269 GIRALDA AVE

3. Mailing Address

269 GIRALDA AVE

Suite, Apt. #, etc.

SUITE 302

Suite, Apt. #, etc.

SUITE 302

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

Zip

33134

Country

U.S.A.

Zip

33134

Country

U.S.A.

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**ZORRILLA & GARCIA-OLIVER, LLC
2200 SOUTH DIXIE HIGHWAY SUITE 705
MIAMI FL 33133**

7. Name and Address of New Registered Agent

Name **ANGEL M. GARCIA-OLIVER, P.A.**

Street Address (P.O. Box Number is Not Acceptable)
269 GIRALDA AVE.

SUITE 302

City

CORAL GABLES

FL

Zip Code

33134

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]

ANGEL M. GARCIA-OLIVER

1-20-2003

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 **MGR.** ☐ Delete
NAME **ANGEL M. GARCIA-OLIVER**
STREET ADDRESS **269 GIRALDA AVE., STE. 302**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

10. ADDITIONS/CHANGES

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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] **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-20-2003

Date

305-444-8431

Daytime Phone #

CR2E083 (10/02)