

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

**FILED**  
**Jan 28, 2003 8:00 am**  
**Secretary of State**

01-28-2003 90047 042 \*\*\*\*50.00

**DOCUMENT # L02000018964**

1. Entity Name

**PROXIMITY LLC**



Principal Place of Business

**713 BALD CYPRESS RD.  
WESTON FL 33327**

Mailing Address

**713 BALD CYPRESS RD.  
WESTON FL 33327**

2. Principal Place of Business

**467 Silver Palm Way**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**WESTON, FL**

City & State

Zip

Country

**33327 USA**

4. FEI Number

**22-3859281**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fees Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BALLESTIN, ALEJANDRO O  
713 BALD CYPRESS RD.  
WESTON FL 33327**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Accepted)

**467 Silver Palm Way**

City

**WESTON**

FL

Zip

**33327**

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

**1/23/2003**

**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 **BALLESTIN, ALEJANDRO**  
STREET ADDRESS **713 BALD CYPRESS RD.**  
CITY-ST-ZIP **WESTON FL 33327**

TITLE **MGR** ☐ Delete  
NAME **GEBENNINI, GABRIELA**  
STREET ADDRESS **713 BALD CYPRESS RD.**  
CITY-ST-ZIP **WESTON FL 33327**

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 **467 Silver Palm Way**  
CITY-ST-ZIP **WESTON, FL 33327**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **467 Silver Palm Way**  
CITY-ST-ZIP **WESTON, FL 33327**

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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 REQUIRED**

**1/23/2003 305 498 0151**

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

Date

Daytime Phone #

CR2E083 (10/02)