

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

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90044 027 ****50.00

DOCUMENT # *L02000020901*

1. Entity Name

TRELPORT L.C.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2588 SW 27th AVE

Suite, Apt. #, etc.

3. Mailing Address

2588 SW 27th AVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL 33133

City & State

MIAMI - FL

4. FEJ Number

56-2286998

Applied For

Not Applicable

Zip

33133

Country

U.S.

Zip

33133

Country

U.S.

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ANTONIO GARCIA

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

2588 SW 27th AVE.

City

MIAMI

FL

Zip Code

33133

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]
Signature of agent or printed name of registered agent and title if applicable.

DATE

3/12/13

FEE IS \$50.00

Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE *MGR*
NAME *BETANCOURT, JUAN C.*
STREET ADDRESS *2588 SW 27th AVE. MIA FL*
CITY-ST-ZIP *33133*

TITLE *MGR*
NAME *BETANCOURT, FRANCISCO*
STREET ADDRESS *2588 SW 27th AVE. MIA FL*
CITY-ST-ZIP *33133*

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**DO NOT WRITE
IN THIS SPACE**

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 prepare this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

3/12/03

CR2E083B (12/02)