

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-12-2003 90012 042 ****50.00

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

DOCUMENT # L02000024320

1. Entity Name

CHAKAY SERVICES, L.L.C.



Principal Place of Business

Mailing Address

9801 COLLINS AVE., #7H
BAL HARBOR FL 33154

9801 COLLINS AVE., #7H
BAL HARBOR FL 33154

2. Principal Place of Business

19370 Collins Ave

3. Mailing Address

19370 Collins Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT. # 1610

APT. # 1610

City & State

City & State

SUNNY ISLES, Florida

SUNNY ISLES, Florida

Zip

Zip

33160

33160

Country

Country

U.S.A.

U.S.A.

4. FEI Number

51-0428823

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

FERRELL GROUP CORPORATE SERVICES, LLC.
201 SOUTH BISCAVINE BOULEVARD
34TH FLOOR, MIAMI CENTER
MIAMI FL 33131

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 of the person or persons who are the registered agent and the entity.

(NOTE: Registered Agent signature required when re-registering.)

03/10/03

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
NAME
STREET ADDRESS
CITY-ST-ZIP
UGR
ROSHAN ALEJANDRA GABRIELA
19370 Collins Ave #1610 Sunny Isles
FL 33160

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
FL 33160

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10. ADDITIONS/CHANGES

TITLE
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☐ Change ☐ Addition

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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 TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

03/10/03

Date

Daytime Phone #

CR2E083 (10/02)