

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

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90012 037 ****50.00

DOCUMENT # L02000024646

1. Entity Name
BANNASTROW'S LLC



Principal Place of Business

Mailing Address

**21011 JOHNSON STREET
UNIT 108
PEMBROKE PINES FL 33029
US**

**21011 JOHNSON STREET
UNIT 108
PEMBROKE PINES FL 33029
US**

20024612



2. Principal Place of Business

3. Mailing Address

**20871 Johnson St.
Suite, Apt. #, etc.
Unit 102**

**20871 Johnson St
Suite, Apt. #, etc.
Unit 102**

☒ CHECK HERE IF MAKING CHANGES

City & State
Pembroke Pines, FL

City & State
Pembroke Pines, FL

4. FEI Number
71-0905871

Applied For
Not Applicable

Zip
33029

Country

Zip
33029

Country

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SARDI, DIEGO
21011 JOHNSON STREET
UNIT 108
PEMBROKE PINES FL 33029**

Name

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

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SARDI, DIEGO
21011 JOHNSON STREET, UNIT 108
PEMBROKE PINES FL 33029** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ORTEGA, JAIME E
21011 JOHNSON STREET, UNIT 108
PEMBROKE PINES FL 33029** ☐ Delete

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

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☐ Change ☐ Addition

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

MGRM. 2/4/03 (954) 646 3689

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

Date

Daytime Phone #

CR2E083 (10/02)