

0025486 IN

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000025641

1. Entity Name  
PATRIDE CONSULTING SERVICES, LLC



Principal Place of Business  
DIEGO RIVERA NO. 50  
MEXICO CITY, 01060

Mailing Address  
DIEGO RIVERA NO. 50  
MEXICO CITY, 01060

FILED

04 JAN -9 PM 4: 04

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJH



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

45-0512560

Applied For

Not Applicable

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

DEBLER, RICHARD D

C/O SPRINGS FOOD SERVICES, LLS

MEXICO PAVILION EPCOT CENTER AVE OF STARS  
LAKE BUENA VISTA FL 32830

Name Borchbeck & Gage, LLC

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

280 W. Canton Ave. Ste 330

City Winter Park

FL

Zip Code

32789

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

*James E. Gage*

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

(NOTE: Registered Agent signature required when reinstating)

10-2-03

DATE

\$0.00

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State  
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SA DE CV, PATRIDE  
DIEGO RIVERA NO. 50  
MEXICO CITY, 01060

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
500023583445  
10/06/03--01041--009 \*\$150.00

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
500023583445  
01/13/04--01091--016 \*\*\$50.00

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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STREET ADDRESS  
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☐ Change

☐ Addition

TITLE  
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☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ 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:

*Patride Consulting Services, LLC*

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

10-2-03

Date

011-525-616-2222

Daytime Phone #

CR2E083 (4/03)