

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2003 8:00 am
Secretary of State

03-11-2003 90026 018 ****50.00

DOCUMENT # L02000026439

1. Entity Name

LITTLE FISH, L.L.C.



Principal Place of Business

**8180 NW 36 STREET STE. 230
MIAMI FL 33166-6645**

Mailing Address

**8180 NW 36 STREET STE. 230
MIAMI FL 33166-6645**

2. Principal Place of Business

3. Mailing Address

P.O. Box 143661

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Coral Gables, FL 33143

Zip

Country

Zip

Country

33143

USA

4. FEI Number

56-2302486

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

ZAMBRANO, HEYKA

**8180 NW 36 STREET STE. 230
MIAMI FL 33166-6645**

Name

Keyla Castillo-Plana

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

8180 NW 36 Street, Suite 230

City

Miami

FL

Zip Code

33166-6645

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

02/28/03

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

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---------------------------------|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Principal Member Keyla Castillo-Plana P.O. Box 143661 Coral Gables, FL 33143 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Member Emilio Plana P.O. Box 143661 Coral Gables, FL 33143 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

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

Date

Daytime Phone #

02/28/03

0020/853

CR2E083 (10/02)