

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

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

04-28-2003 90997 021 ****50.00

DOCUMENT # L02000026620

1. Entity Name

LORIANI INTERNATIONAL, LLC

DO NOT WRITE IN THIS SPACE

30062677

2. Principal Place of Business

315 MOLA AVENUE

Suite, Apt. #, etc.

3. Mailing Address

315 MOLA AVENUE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FT. LAUDERDALE, FL

Zip

33301

Country

USA

City & State

FT. LAUDERDALE, FL

Zip

33301

Country

USA

4. FEI Number

81-0581509

Applied For

Not Applicable

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

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7. Name and Address of Current Registered Agent

Name

ALHAMBRA REGISTERED AGENTS, INC.

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

2 ALHAMBRA PLAZA, STE 1202

City

CORAL GABLES

FL

Zip Code

33134

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.

DATE

FEE IS \$50.00

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGR
JEAN PIERRE KLIFA
315 MOLA AVENUE
FT. LAUDERDALE, FL 33301

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

Date

Daytime Phone #