LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

L02000026819

1. Entity Name

HERNANDEZ CONSTRUCTION, LLC



SECRETARY OF STATEOUS VISION OF CORPORATIONS
03 JUH -4 AM 9: 22

N6/16

ZOO NOT WRITE IN THIS SPACE

 2. Principal Place of Business
 3. Mailing Address

 300 SE 2nd Street
 956 SE 10th Court

 Suite, Apt. #, etc.
 Suite, Apt. #, etc.

 City & State
 City & State

DO NOT WRITE IN THIS SPACE

City & State

Ft. Lauderdale, FL

Zip Country

33301

Country Zip 33060

Country **US**

Pompano Beach, FL

32-0036722

5. Certificate of Status Desired

4. FEI Number

Not Applicable

\$5.00 Additional

Applied For

DO NOT WRITE IN THIS SPACE Stiles Corporation

Street Address (P.O. Box Number is Not Acceptable)
Attn: Stephen R. Palmer or Patricia A. Jones

300 SE 2nd Street

City Ft. Lauderdale FL | Zig 53301

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, typed or printed name or registered agent and title in approache.) 	
FEE IS \$50.00 And the Check Payable to Florida Department of State DUE BY MAY 1			
9.	MANAGING MEMBERS/MANAGERS		THE CONTROL OF THE PARTY OF THE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Alex Hernandez 956 SE 10th Court Pompano Beach, FL 33060	TITLE NAME STREET ADDRESS CITY ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Stephen R. Palmer 300 SE 2nd Street Ft. Lauderdale, FL 33301	TITLE" NAME STREET ADDRESS CITY-ST-ZIP	300020430623 06/04/03-01008006 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Patricia A. Jones 300 SE 2nd Street Ft. Lauderdale, FL 33301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET AODRESS CITY-ST-ZIP	IN THIS SPACE
TITLE NAME STREET ADDRESS GITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS		TITLE NAME STREET ADDRESS	

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: Ally Akmander

Alex Hernandez, Manager

5/29/2003

954-258-0506

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

Date

Daytime Phone #