2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000027053

BLACK CREEK BUILDERS GROUP, LLC



Jan 10, 2003 8:00 am Secretary of State 01-10-2003 90004 009 ****50.00

FILED

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Principal PI	lace of Business	Mailing Address			
717 PONCE DE LEON BLVD SUITE 230 CORAL GABLES FL 33134		717 PONCE DE LEON BL CORAL GABLES FL 33134	.Vd Suite 230 4		
2. Principa	Il Place of Business			i 1850/000 an odnik naki daki daki arki arki arki daki daki daki daki	
		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
City & State		City & State			pplied For
Zip	Country	Zip	Country	- In	ot Applicabl
	6. Name and Address of Cu	rrent Registered Asset	<u> </u>	Fee Require	ditional ed
		Henr Hogistered Agent	Name	7. Name and Address of New Registered Agent	
SOI	RDO, CESAR R ESQ.		, Name		
1200 BRICKELL AVENUE, SUITE 1680 MIAMI FL 33131		1680	Street Addres	(P.O. Box Number is Not Acceptable)	
8. The above	e named ontituouhmite this		City	FL Zip Cod	e
the obliga	e named entity submits this statement ations of registered agent.	ant for the purpose of changing its	s registered office or regis	stered agent, or both, in the State of Florida. I am familiar with,	and accept
SIGNATURE					·
	Signature, typed or printed name of registered	agent and title if applicable. (NO)	TE: Registered Agent signature requi	ired when reinstating) DATE	
			OW!!! FEE IS \$50.00		-
		Make Check Payab	le to Florida Departm	nent of State	
		, Du	e By May 1, 2003		
9.	MANAGING ME	MBERS/MANAGERS	10.	ADDITIONS/CHANGES	
TITLE NAME	MGR AMALFI GROUP, LLC	☐ Delete	TITLE	☐ Change	☐ Addition
STREET ADDRESS	717 PONCE DE LEON BLVD.	SUITE 230	NAME STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33134	, COILE EUG	CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		
NAME			NAME	☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS		
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NAME				- · · · · · · · · · · · · · · · · · · ·	
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STREET ADDRESS		∟ Detete	NAME	☐ Change	Addition
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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