

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000028070

1. Entity Name

Tract N. Eighth Addition to Port Charlotte
Subdivision, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7815 S.W. 24 Street

3. Mailing Address

7815 S.W. 24 Street

Suite, Apt. #, etc.

106

Suite, Apt. #, etc.

106

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

22-3889028

Applied For

Not Applicable

Zip

33155

Country

USA

Zip

33155

Country

USA

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

7. Name and Address of Current Registered Agent

Name Sergio Natali

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

16711 Collins Avenue, suite 1801

City Sunny Isles Beach

FL

Zip Code
33160

**DO NOT WRITE
IN THIS SPACE**

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

Sergio Natali

Sergio Natali

7/29/03

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

Manager - Member
Douglas Mercado
7815 S.W. 24 Street, #160, Miami, FL 33155

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Alfredo Scatena Manager - Member
20566 Brian Crescent, 2nd Floor
Bayside, NY 11360

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Sergio Natali Manager - Member
16711 Collins Avenue #1801
Sunny Isles, FL 33160

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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:

Sergio Natali

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

305-519-2839

Date

Daytime Phone #

FILED

03 AUG -L PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E083B (12/02)