LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

3/3/2004-90151-043-$50.00-$50.00

FILED

04 OCT 18 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000028507

1. Entity Name
West End Real Estate L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3634 SW 57 Ave	3634 SW 57 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Fla	City & State: Miami Fla
Zip: 33155 Country: Miami Dade	Zip: 33155 Country: Miami Dade

DO NOT WRITE IN THIS SPACE

4. FEI Number: 05-0554413 ☐ 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: John Bonatch, Attorney

Street Address (P.O. Box Number is Not Acceptable): 2600 Douglas Rd
Penthouse Eight

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	President-Manager
NAME	Estela Mederos
STREET ADDRESS	3634 SW 57 Ave
CITY-ST-ZIP	Miami Fl 33155
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
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CITY-ST-ZIP	

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CR2E083B (12/02)

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: _____ 8-19-04 305-667-6009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #