

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90063 036 ****50.00

DOCUMENT # L02000028893

1. Entity Name

VALENCIA ACRES, LLC



Principal Place of Business

Mailing Address

**18629 SW 107 AVENUE
MIAMI FL 33157
US**

**18629 SW 107 AVENUE
MIAMI FL 33157
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

16-1641024

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~LEVINE, DANIEL A
18629 SW 107 AVENUE
MIAMI FL 33157~~

Name **Reardon Levine Management, Inc.**
Street Address (P.O. Box Number is Not Acceptable)
18629 SW 107th Ave
City **Miami** FL Zip Code **33157**

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.

Daniel A. Levine, V.P.

(NOTE: Registered Agent signature required when reinstating)

DATE

05/30/2003

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **Eric T. Reardon** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Director** ☐ Change ☒ Addition
NAME **Eric T. Reardon**
STREET ADDRESS **18629 SW 107th Ave**
CITY-ST-ZIP **Miami FL 33157**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Director** ☐ Change ☒ Addition
NAME **Daniel A. Levine**
STREET ADDRESS **18629 SW 107th Ave**
CITY-ST-ZIP **Miami FL 33157**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Daniel A. Levine

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

05/30/2003 305-49-0005

DATE Daytime Phone #

CR2E083 (10/02)