

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90077 037 \*\*\*\*50.00

**DOCUMENT # L02000029988**

1. Entity Name

**ROSBACO WOOD, L.L.C.**



Principal Place of Business

**3440 HOLLYWOOD BLVD., STE 360  
HOLLYWOOD FL 33021**

Mailing Address

**3440 HOLLYWOOD BLVD., STE 360  
HOLLYWOOD FL 33021**

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

**81-0582771**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ROTH, LEONARDO A ESQ  
ROTH, ROUSSO & DARRACH, P.A.  
3440 HOLLYWOOD BLVD., STE 360  
HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

*Leonardo A ROTH* **LEONARDO A ROTH**

**4-16-03**

**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 **MGMR** ☐ Delete  
NAME **JORGE HUGO ARANCIBIA**  
STREET ADDRESS **3440 HOLLYWOOD BLVD, STE 360**  
CITY-ST-ZIP **HOLLYWOOD, FL 33021**

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

TITLE **MGMR** ☐ Delete  
NAME **FERNANDO HORIGIAN**  
STREET ADDRESS **3440 HOLLYWOOD BLVD, STE 360**  
CITY-ST-ZIP **HOLLYWOOD, FL 33021**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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:**

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

Date

Daytime Phone #

*Jorge Hugo Arancibia* **JORGE HUGO ARANCIBIA, MGMR** **4-16-03** **954-**

CR2E083 (10/02)