2003

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2003 8:00 am
Secretary of State
05-22-2003 90038 037 ****50.00

DOCUMENT # L02000031249

1. Entity Name

Blue Bay Imports, L.L.C.

DO NOT WRITE IN THIS SPACE

44004686

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4890 N.W. 102nd Ave.	4890 N.W. 102nd Ave.
Suite, Apt. #, etc.: Suite 102	Suite, Apt. #, etc.: Suite 102
City & State: Miami, FL	City & State: Miami, FL
Zip: 33178-2222 Country:	Zip: 33178-2222 Country:

4. FEI Number: 55-0806829 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Canizares, Diego

Street Address (P.O. Box Number is Not Acceptable): 4890 N.W. 102nd Ave.

Apt. 102

City: Miami FL Zip Code: 33178

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: 1 Diego Canizares

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	TITLE	
NAME	Canizares, Diego	NAME	
STREET ADDRESS	4890 N.W. 102nd Ave., Apt. 102	STREET ADDRESS	
CITY - ST - ZIP	Miami, FL 33178	CITY - ST - ZIP	
TITLE	MGR	TITLE	
NAME	Gondi, S.A.	NAME	
STREET ADDRESS	4890 N.W. 102nd Ave., Apt. 102	STREET ADDRESS	
CITY - ST - ZIP	Miami, FL 33178	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY - ST - ZIP		CITY - ST - ZIP	

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: 1 Diego Canizares 305-513-4652

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

STF FL32519F.1