

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

**FILED**  
**Jun 12, 2003 8:00 am**  
**Secretary of State**

06-12-2003 90001 001 \*\*\*\*50.00

DOCUMENT # L02000031593

1. Entity Name

BANYAN HOMES, LLC



**DO NOT WRITE IN THIS SPACE**

10107408

2. Principal Place of Business

8065 LOS PINOS CIRCLE

Suite, Apt. #, etc.

City & State  
CORAL GABLES FL

Zip Country  
33143 USA

3. Mailing Address

8065 LOS PINOS CIRCLE

Suite, Apt. #, etc.

City & State  
CORAL GABLES FL

Zip Country  
33143 USA

4. FEI Number

65-1163641

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

SUSANA SKRANDE

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

8065 LOS PINOS CIRCLE

City

CORAL GABLES

FL

Zip Code

33143

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

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  
MANAGING MEMBER  
SUSANA SKRANDE  
8065 LOS PINOS CIRCLE  
CORAL GABLES FL 33143

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MANAGING MEMBER  
ADOLFO SKRANDE  
8065 LOS PINOS CIRCLE  
CORAL GABLES FL 33143

TITLE  
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**DO NOT WRITE  
IN THIS SPACE**

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: Susana Skrande Susana Skrande

6/9/03

305-669-6298

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

Date

Daytime Phone #

CR2E083B (12/02)