LIMITED LIABIL / COMPANY
UNIFORM BUSINESS REPORT (UBR)

3/4/2003-90156-031-$50.00-$50.00

DOCUMENT # L02000031636

1. Entity Name

MIAMI-DADE FACILITIES HOLDINGS LLC

FILED
03 OCT 14 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

55055644

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	3233 PALM AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc. 4 FLOOR
City & State	City & State HIALEAH FLORIDA
Zip / Country	Zip 33012 / Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-4222748 — 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: JOSE M GARCIA

Street Address (P.O. Box Number is Not Acceptable): 2260 SW 8th Street

City: MIAMI FL 33130

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

FEE: $350.00 — MAKE CHECKS PAYABLE TO: Florida Department of State — DUE BY: MAR 1, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE: PRESIDENT NAME: LUIS CRUZ STREET ADDRESS: 3233 PALM AVE 4th FLOOR CITY-ST-ZIP: HIALEAH, FLORIDA 33012	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: President
TITLE: NAME: JOSE M GARCIA SR. STREET ADDRESS: 3233 PALM AVE 4th FLOOR CITY-ST-ZIP: HIALEAH, FLORIDA 33012	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: Secretary
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: DO NOT WRITE
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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 #

CR2E080 (12/02)