

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

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90192 034 ****50.00

DOCUMENT # L02000032538

1. Entity Name

VARADERO PROPERTIES, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

260 OKEECHOBEE CV

Suite, Apt. #, etc.

3. Mailing Address

260 OKEECHOBEE CV

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

DESTIN FL

City & State

DESTIN FL

4. FEI Number

13-4231478

Applied For

Not Applicable

Zip

32541

Country

OKALOOSA

Zip

32541

Country

OKALOOSA

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

7. Name and Address of Current Registered Agent

Name

RAUL P. DALMAU

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

260 OKEECHOBEE CV

City

DESTIN

FL

Zip Code

32541

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	MANAGER MGR RAUL P. DALMAU 260 OKEECHOBEE CV DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JORGE L. ALVAREZ 18628 S. MISSION HILLS AVE BATON ROUGE, LA 70810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FAUSTINO S. DALMAU 13331 WEST VILLAGE WAY DR. BATON ROUGE, LA 70810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALBERTO J. DE JONGH 14747 HIGHLAND RD. BATON ROUGE, LA 70810
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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:

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

4-28-03

Date

850-650-0369

Daytime Phone #

CR2E083B (12/02)