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L02000032769

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED

03 DEC 31 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000032769

1. Entity Name
NATANIC, LLC

☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
8141 SW 203RD ST MIAMI FL 33189	8141 SW 203RD ST MIAMI FL 33189

2. Principal Place of Business	3. Mailing Address
8141 SW 203 ST.	11304 SW 169 St
Suite, Apt. #, etc.	Suite, Apt. #, etc. Villa 74
City & State MIAMI FL	City & State Miami, Fl
Zip 33189 Country DADE	Zip 33157 Country Dade

4. FEI Number ☒ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FILINGS, INC.
3732 NW 16TH ST
FT LAUDERDALE FL 33311

7. Name and Address of New Registered Agent

Name Nadine Sanchez

Street Address (P.O. Box Number is Not Acceptable) 11304 SW 169 St

City Miami FL Zip Code 33156

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] DATE 1/5/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

[redacted]

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SANCHEZ, NADINE 8141 SW 203RD ST MIAMI FL 33189	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 10/24/03 01072 035 *150.00
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP REINSTATEMENT	☐ Change ☐ Addition

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] 1/6/03

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

** TOTAL PAGE.02 **