L02000032769

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000032769

1. Entity Name
NATANIC, LLC

FILED
03 DEC 31 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business: 8141 SW 203 ST.	3. Mailing Address: 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
Miami
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
MGRM SANCHEZ, NADINE 8141 SW 203RD ST MIAMI FL 33189	

10. ADDITIONS / CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
10/24/03 01072 035	
$150.00	

REINSTATEMENT 2003

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] Date: 1/5/03 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE