

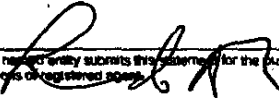
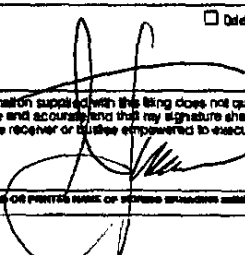
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May 05, 2003 8:00 am
Secretary of State

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**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

30003400

DOCUMENT # L02000033345			
1. Entry Name LEAL COMMERCIAL, L.L.C.			
Principal Place of Business 3440 HOLLYWOOD BLVD., SUITE 360 HOLLYWOOD, FL 33021		Mailing Address 3440 HOLLYWOOD BLVD., SUITE 360 HOLLYWOOD, FL 33021	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent		4. FEI Number ☒ Applied For Not Applicable	
ROTH, LEONARDO A ESQ. C/O ROTH, ROUSSO & DARRACH, P.A. 3440 HOLLYWOOD BLVD., SUITE 360 HOLLYWOOD, FL 33021		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of New Registered Agent		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		Zip Code	
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 		LEONARDO A ROTH, Esq. 4-29-03	
Signature, printed or printed name of registered agent and date if applicable		(NOTE: Registered Agent/Agent must sign when necessary)	
9. MANAGING MEMBERS/MANAGERS			
TITLE	NAME	TITLE	NAME
NAME	NAME	NAME	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP
10. ADDITIONS/CHANGES			
NAME	NAME	NAME	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 990.07(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:  ALEJANDRO WAINRIB 4-29-03 PSY-322-4290		