


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0008485

DOCUMENT # L02000034296

1. Entity Name
THE LAW OFFICE OF ADA AVILES-YAEGER, LLC




Principal Place of Business
**639 CARNATION DRIVE
WINTER PARK FL 32792**

Mailing Address
**639 CARNATION DRIVE
WINTER PARK FL 32792**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

FILED
03 SEP 30 AM 11:27
SECRETARY OF STATE
TALLAHASSEE



CHECK HERE IF MAKING CHANGES

4. FEI Number
38-3667672

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

6. Name and Address of Current Registered Agent
**AVILES-BARBOSA, JODIE
1031 WEST MORSE BLVD
160
WINTER PARK FL 32789**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
500023419775
09/30/03--01035--004 **\$50.00
City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM AVILES-YAEGER, ADA M 639 CARNATION DRIVE WINTER PARK FL 32792 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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]* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date **9/24/03** Daytime Phone # **407 677-6200**

CR2E083 (4/03)