

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 26, 2003 8:00 am
Secretary of State

9/1

09-10-2003 90038 002 ****50.00

DOCUMENT # L02000034338

1. Entity Name

EL SOLAR LLC



Principal Place of Business

7900 ALTAMIRA AVENUE
CORAL GABLES FL 33143

Mailing Address

AARON BORENSTEIN
7900 ALTAMIRA AVENUE
CORAL GABLES FL 33143

55057125

2. Principal Place of Business

20500 SW 12 AV

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

4. FEI Number

EIN 02-0660553

Applied For

Not Applicable

Zip

33187

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BORENSTEIN, AARON
7900 ALTAMIRA AVENUE
CORAL GABLES FL 33143**

7. Name and Address of New Registered Agent

Name

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

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

Aaron Borenstein

AARON BORENSTEIN

9/8/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE **President**
NAME **AARON BORENSTEIN**
STREET ADDRESS **7900 ALTAMIRA AV**
CITY-ST-ZIP **CORAL GABLES FL 33143**

TITLE **SECRETARY**
NAME **MARION BORENSTEIN**
STREET ADDRESS **7900 ALTAMIRA AV**
CITY-ST-ZIP **CORAL GABLES FL 33143**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Aaron Borenstein

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

Date

9/8/03

Daytime Phone #

305 663 0337

561 212 9744

CR2E083 (4/03)