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

FILED
03 JUL 15 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**DOCUMENT # L02000034716**

1. Entity Name
**CLSA PROPERTIES, LLC**

☒ CHECK HERE IF MAKING CHANGES

| Principal Place of Business | Mailing Address |
|---|---|
| 1217 CAPE CORAL PKWY<br>CAPE CORAL, FL 33904-9604 | 1217 CAPE CORAL PKWY<br>CAPE CORAL, FL 33904-9604 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 3798 NE 12TH AVENUE | PO BOX 934063 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: OAKLAND PARK FLORIDA | City & State: MARGATE FLORIDA |
| Zip: 33334 Country: USA | Zip: 33093 Country: 33093 |

4. FEI Number: 30-0144025 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| PRESIDENTIAL SERVICES INCORPORATED<br>1217 CAPE CORAL PKWY<br>CAPE CORAL, FL 33904-9604 | Name: JORGE MC NICOL<br>Street Address (P.O. Box Number is Not Acceptable): 300 GARDENS DRIVE<br>APT 104<br>City: POMPANO BEACH FL Zip Code: 33069 |

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: JORGE MC NICOL — 06-02-2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when filing.) DATE

| 9. MANAGING MEMBERS / MANAGERS | | | 10. ADDITIONS/CHANGES | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE: MANAGER CO-OWNER<br>NAME: CARLOS L ORTIZ<br>STREET ADDRESS: 1313 NW 58TH AVE.<br>CITY-ST-ZIP: MARGATE FLORIDA 33063 | ☐ Change | ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE: MANAGING MEMBER CO-OWNER<br>NAME: SHIRLEY FINLEY-ORTIZ<br>STREET ADDRESS: 1313 NW 58TH AVE.<br>CITY-ST-ZIP: MARGATE, FLORIDA 33063 | ☐ Change | ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change | ☐ Addition |
| | | | 000020683690<br>06/09/03--01071--008 **25.00 | | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change | ☐ Addition |
| | | | 000020683690<br>07/15/03--01051--001- **30.00 | | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ 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 |

CR2E083 (10/02)

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 605, Florida Statutes.

**SIGNATURE:** SHIRLEY FINLEY-ORTIZ — 06-02-2003 — 954-655-6262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #