

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

**FILED**  
**Mar 14, 2003 8:00 am**  
**Secretary of State**

03-14-2003 90006 004 \*\*\*150.00

DOCUMENT # L02000034717

1. Entity Name

RENAISSANCE, LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

The Villas Plaza #14

3. Mailing Address

The same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

12377 S. Cleveland Ave.

The same

City & State

City & State

Fort Myers, Florida

The same

Zip

Country

Zip

Country

33907

USA

The same

The same

4. FEI Number

02-0665172

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Tania A. Mazza-Martinez & Assoc.

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

780 NW 42 ave. Ste. 420

City

Miami

FL

Zip Code

33126

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, typed or printed name of registered agent and not applicable

DATE

3/10/03

FEE IS \$50.00

Make Check Payable to Florida Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE Vice President  
NAME Celeste Cohen  
STREET ADDRESS 8741 Wesleyan Dr. #14-04  
CITY-ST-ZIP Fort Myers, Florida. 33919

TITLE Vice President  
NAME Vanessa Aguirre  
STREET ADDRESS The same as above  
CITY-ST-ZIP

TITLE President  
NAME Mirna Mejia  
STREET ADDRESS The same as above  
CITY-ST-ZIP

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IN THIS SPACE**

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:

x *Mirna Mejia*

3/10/03

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

Date

Daytime Phone #

CR2E083B (12/02)