

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

FILED
May 27, 2003 8:00 am
Secretary of State

05-02-2003 90756 015 ****50.00

DOCUMENT # L02000035034

1. Entity Name

WILLIAM ROSENFELD, LLC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

255 ALHAMBRA CIRCLE

Suite, Apt. #, etc.

640

City & State

CORAL GABLES, FL.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

33134

Country

Zip

Country

4. FEI Number

61-1434766

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name RAFAEL VILLOLDO

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

255 ALHAMBRA CIRCLE

SUITE #640

City

CORAL GABLES

FL

Zip Code

33134

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, unless registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

WILLIAM ROSENFELD/MANAGER
255 ALHAMBRA CIRCLE, #640
CORAL GABLES, FL. 33134

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

Date

Daytime Phone #

CR2E083B (12/02)