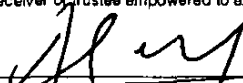


FILED
Apr 21, 2005 8:00 am
Secretary of State

04-08-2005 90284 033 ****50.00

DOCUMENT # L04000068085				Secretary of State 04-08-2005 90284 033 ****50.00																									
1. Entity Name MESQUITA ONE, LLC																													
Principal Place of Business 22672 PICKEREL CIRCLE BOCA RATON FL 33428 US		Mailing Address 22672 PICKEREL CIRCLE BOCA RATON FL 33428 US																											
2. Principal Place of Business		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E083 (10/04)																									
City & State		City & State		4. FEI Number 20-2651580																									
Zip		Zip		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required																									
6. Name and Address of Current Registered Agent MESQUITA, MARIO 22672 PICKEREL CIRCLE BOCA RATON FL 33428				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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE _____																													
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005																													
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES																										
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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:  4/8/05 (561) 305-4664																													
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																													