

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90010 049 ****50.00

DOCUMENT # L93000000355

1. Entity Name

LANDMARK 107, L.C.

Principal Place of Business

**9990 SW 77 AVE., SUITE 315
 MIAMI FL 33156-2699**

Mailing Address

**9990 SW 77 AVE., SUITE 315
 MIAMI FL 33156-2699**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0472740

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CUSCO, EDUARDO
 9390 N.W. 109TH STREET
 MEDLEY FL 33178**

7. Name and Address of New Registered Agent

Name

Cusco, Eduardo

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

9960 NW 116 Way, Suite 13

City

Medley

FL

Zip Code
33178

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.

SIGNATURE

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 Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CUSCO, EDUARDO 5201 BLUE LAGOON DR MIAMI FL 33126	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CUSCO, EDUARDO 9960 NW 116 Way, Suite 13 Medley, FL 33178	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M SOTOLONGO, RAUL O 9390 NW 109 STREET MEDLEY FL 33178-1225	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOTOLONGO, RAUL O 9960 NW 116 Way, Suite 13 Medley, FL 33178	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 #

04/15/02 (305) 527-9375

CR2E083 (9/01)