		BUSINESS		
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DOCUI	MENT # L9400	00000204				and the second second			ξ		
COSME AND ROSSY GOMEZ FAMILY, L.C.						FILED			4		
						- 01 JAN 34 PM 12: 23					
Principal Place of Business Mailing Address					: :	, -	•				
6817 RIVIERA DR 6817 RIVIERA DR CORAL GABLES FL 33146 CORAL GABLES FL 33146			46			SECRETARY/OF SWATE TALLAHASSEE, FLORIDA					
	•	•									
2. Principal Place of Business 3.		3. Mailing Address	3. Mailing Address			.		#DIII BIBI 1081			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		City & State	City & State		4. F	El Number 65-0504693	No	plied For t Applicable	•		
Zip	Country	Zip	Coun	itry	5. (Certificate of Status Desired	\$5.00 Add Fee Required				
	6. Name and Address of Curren	t Registered Agent			7. N	lame and Address of New Registered	Agent	-			
	A STATE OF THE STA	د مخالف پیمناند استهان کا ا		Name		•					
GOMEZ, C				Street Address (P.O. Box Number is Not Acceptable)							
6817 RIVI	EHA DH ABLES FL 33146				-				Ì		
OOTIAL G	ADEEO I E GOTTO			City		F	Zip Code	Э			
P. The above	named entity submits this statement	for the purpose of changing its	s registeri	ed office or	registered ag		-				
o. me above	Harried entity addring this statement	for the purposes of ondinging in				- "			}		
SIGNATURE .	Signature, typed or printed name of registered agei	nt and title if applicable. (NO	TE: Registere	d Agent signatu	ure required when re	instating) DATE	·				
			IOWIII	FEE IS \$	E0 00						
	•	Make Check P				te					
	MANACINIC MEM	DEDC (MEMBERS	10.			ADDITIONS/CHANGE	·s				
9. TITLE	MANAGING MEM	Delete	TITL			00000362		Addition	(11/00)		
NAME	GOMEZ, COSME A		NAM			-02/08/01-	ა≀Ծ∪ -01006	775 1025	Ε		
STREET ADDRESS CITY-ST-ZIP	6817 RIVIERA DR			EET ADDRESS '-ST-ZIP		*****50.00) *****	50.00	E83		
TITLE	CORAL GABLES FL	☐ Delete	TITL				☐ Change	☐ Addition	18		
NAME	MEM Gomez, Rossy A		NAM	- 1					ľ		
STREET ADDRESS CITY-ST-ZIP	6817 RIVIERA DR			EET ADORESS '-ST-ZIP							
TITLE	CORAL GABLES FL 33146	Delete	TITL				Change-	Addition	İ		
NAME	MEM GOMEZ, ERIC C		NAM								
STREET ADDRESS CITY-ST-ZIP	S 6817 RIVIERA DR			eet address '-st-zip					ŀ		
TITLE	CORAL GABLES FL 33146	☐ Delete	TITL				☐ Change	Addition	1		
NAME	Mem Gomez, Lauren n		NAM	.							
STREET ADDRESS CITY-ST-ZIP	6817 RIVIERA DR			EET ADDRESS '-ST-ZIP							
TITLE	CORAL GABLES FL 33146	□ Delete	TITL				Change	☐ Addition	1		
NAME			NAM								
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS '-ST-ZIP			• .				
TITLE		☐ Delete	TITL			<u></u>	☐ Change	Addition	1		
NAME	•		NAM	.							
STREET ADDRESS CITY-ST-ZIP	•			EET ADDRESS '-ST-ZIP	٠,						
11 I hereby o	certify that the information supplied w	ith his filing does not qualify fo	or the exe	motion state	ted in Section	119.07(3)(i), Florida Statutes. I further c	ertify that the in	nformation	1		
11. I hereby certify that the information supplied with his 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.											
0101:4-	une / Signa		/ ₁ 00 i	ic k	- FORM	es Vilacian	/ 321/	665938	K		
SIGNAT	SIGNATURE AND TYPED OR PRINTED NAME	OF SIGNING MANAGING MEMBER, M	ANAGER, OF	AUTHORIZED	REPRESENTATIV	Date Date	Daytime Phone #	<u> </u>	/		