

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2003 8:00 am
Secretary of State

02-11-2003 90048 046 ****50.00

DOCUMENT # L97000000371

1. Entity Name
DECO PALMS, L.C.



Principal Place of Business

Mailing Address

~~12783 NW 18 MANOR~~
~~PEMBROKE PINES FL 33028~~

~~12783 NW 18 MANOR~~
~~PEMBROKE PINES FL 33028~~

2. Principal Place of Business

13541 NW 5TH. CT.

3. Mailing Address

13541 NW 5TH CT.

Suite, Apt. #, etc.

#302

Suite, Apt. #, etc.

#302

City & State

PEMBROKE PINES FL.

City & State

PEMBROKE PINES FL.

Zip

33028

Country

USA

Zip

33028

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0747015**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JARAMILLO, RAFAEL

~~12783 N.W. MANOR~~

~~PEMBROKE PINES FL 33028~~

Name **RAFAEL JARAMILLO**

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

13541 NW 5TH. CT.

#302

City **PEMBROKE PINES**

FL

Zip Code

33028

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 *Rafael Jaramillo*

(NOTE: Registered Agent signature required when reinstating)

DATE

RAFAEL JARAMILLO
PRESIDENT

01/24/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **PD** ☐ Delete
NAME ~~JARAMILLO, RAFAEL~~
STREET ADDRESS ~~12783 N.W. MANOR~~
CITY-ST-ZIP ~~PEMBROKE PINES FL 33028~~

TITLE **PD** ☒ Change ☐ Addition
NAME **JARAMILLO, RAFAEL**
STREET ADDRESS **13541 NW 5TH. CT. #302**
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE **VD** ☐ Delete
NAME ~~RESTREPO, SUSAN~~
STREET ADDRESS ~~12783 N.W. MANOR~~
CITY-ST-ZIP ~~PEMBROKE PINES FL 33028~~

TITLE **VD** ☒ Change ☐ Addition
NAME **RESTREPO, SUSAN**
STREET ADDRESS **13541 NW 5TH. CT. #302**
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 *Rafael Jaramillo* **RAFAEL JARAMILLO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

01/24/03 (954) 443-1824

CR2E083 (10/02)