2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #L98000002727

1. Entity Name

SHORECREST INVESTMENTS LLC



FILED Jul 17, 2003 8:00 am Secretary of State

07-17-2003 90023 018 ****50.00

				GO WE THE						
Principal Place of Business		Mailing Addres	Mailing Address							
11872 GRIFFING BOULEVARD			11872 GRIFFING BOULEVARD				,			
BISCAYNE PARK	FL 33161	BISCAYNE PARK	FL រវាមា				•			
ı	:	The Party of the P	•						{	
2. Principal P	lace of Business	3. Mailing Addr	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #,	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State	9	City & State	City & State			ber 59-7133437		<u> </u>	plied For t Applicable	7
Zip Country		Zip	Zip Country		5. Certifica	te of Status Desired		5.00 Add		1
6. Name and Address of Current Registered Agent					7. Name at	nd Address of New Re	egistered Ag	gent	<u> </u>	7
		Name								
11098	ey, Christopher P 8 Biscayne Blvd., Suite 205	,	Street Address			(P.O. Box Number is Not Acceptable)				
MIAM	I FL 33161									1
				City			FL	Zip Code)	1
8. The above	named entity submits this statemen	nt for the purpose of ch	anging its regist	ered office or regist	tered agent, or b	oth, in the State of Flo		L miliar with,	and accept	1
the obligat	lons of registered agent.			,						
SIGNATURE .	Signature, typed or printed name of registered as	gent and title if applicable.	(NOTE: Regist	ered Agent signature requi	ired when reinstating)		DATE			
			FILE NOW!!!	FEE IS \$50.00)					1
ŧ		Make Chec	k Payable to I	Florida Departm	ent of State					
•			Due By Sept	tember 24, 2003						ļ
9.	MANAGING MEN	MBERS/MANAGERS	1	0.		ADDITIONS/	CHANGES]
TITLE	MGRM		elete T	ITLE				☐ Change	Addition] 3
NAME	ZULOAGA, JORGE L			AME						
STREET ADDRESS CITY-ST-ZIP	11872 GRIFFING BOULEVARD			TREET ADDRESS TTY-ST-ZIP				•		18
	BISCAYNE PARK FL 33161 MGRM							Change	Addition	43
TITLE NAME	SEDA, RODERICK S			ITLE				Change	Addition	1
STREET ADDRESS	6700 WOODLAKE DRIVE, NE	#101	1	TREET ADDRESS						1
CITY-ST-ZIP	PALM BAY FL 32905		С	ITY-ST-ZIP						
TITLE			elete Ti	ITLE				☐ Change	☐ Addition	1
NAME				AME	•	•				
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CITY-ST-ZIP.	<u> </u>		-	ITY-ST-ZIP-						1
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NAME				AME			'			1
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TITLE			elete TI	ITLE		-· -		Change	☐ Addition	
NAME	A Company of the Comp			AME						
STREET ADDRESS		•		TREET ADDRESS						1
CITY-ST-ZIP	The state of the s	10 0 20		ITY-ST-ZIP						-
11. I hereby o	ertify that the information supplied v	with this filing does not	quality for the e	xemption stated in	Section 119.07(3	i)(i), Florida Statutes. I	turther certif	y that the in	tormation	J

1. 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

7/13103 Date 305 9892516

Daytime Phone #