

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90609 034 ****50.00

DOCUMENT # **L 99000001720 ✓**

1. Entity Name

Villas of Vizcaya LLC.

DO NOT WRITE IN THIS SPACE

958317

2. Principal Place of Business

240 Crandon Blvd.

3. Mailing Address

240 Crandon Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ST. 101

ST. 101

City & State

City & State

Key Biscayne, FL

Key Biscayne FL

Zip

Country

Zip

Country

33149

USA

33149

USA

4. FEI Number

65-0945543

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Cesar Gomez

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

240 Crandon Blvd.

ST. 14

City

Key Biscayne

FL

Zip Code

33149

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.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MSRM
Dasso, Hector
240 Crandon Blvd, ST 101
Key Biscayne, FL 33149**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MSRM
Beres, Donald
240 Crandon Blvd, ST 101
Key Biscayne, FL 33149**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MSRM
DETUNAY, EDGARDO
240 Crandon Blvd ST 101
Key Biscayne, FL 33149**

TITLE
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CITY - ST - ZIP

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IN THIS SPACE**

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 605, Florida Statutes.

SIGNATURE:

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

4/29/02

Date

(305) 3613796

Daytime Phone #

CR2E083B (12/01)