

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2003 8:00 am
Secretary of State

08-07-2003 90065 007 ****50.00

0014246

DOCUMENT # L99000003678

1. Entity Name

SLEGS INVESTMENTS, L.L.C.



Principal Place of Business

Mailing Address

8400 N UNIVERSITY DR
306
FORT LAUDERDALE FL 33321

8400 N UNIVERSITY DR
306
FORT LAUDERDALE FL 33321

2. Principal Place of Business

3. Mailing Address

11931 Royal Palm Blvd

1440 Coral Ridge Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt. 102

33 B

City & State

City & State

Coral Springs

Coral Springs

Zip

Country

Zip

Country

33065

Broward

33071

Broward



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0929645**

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

DUQUE, SANTIAGO

9102 NW 40 ST
11931 Royal Palm Blvd.
CORAL SPRINGS FL 33065

#102

Name

DUQUE SANTIAGO

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

11931 Royal Palm Blvd. #102

City

Coral Springs

FL

Zip Code

33065

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

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 Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

| | | |
|----------------|-------------------------------|---------------------------------|
| TITLE | MGRM | <input type="checkbox"/> Delete |
| NAME | DUQUE, SANTIAGO | |
| STREET ADDRESS | 9102 NW 40 ST | |
| CITY-ST-ZIP | CORAL SPRINGS FL 33065 | |
| TITLE | MGRM | <input type="checkbox"/> Delete |
| NAME | MEDINA, LUCIA | |
| STREET ADDRESS | 9102 NW 40 ST | |
| CITY-ST-ZIP | CORAL SPRINGS FL 33065 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
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| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|------------------------------------|--|
| TITLE | MGRM | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | S DUQUE SANTIAGO | |
| STREET ADDRESS | 11931 Royal Palm Blvd. #102 | |
| CITY-ST-ZIP | Coral Springs, FL 33065 | |
| TITLE | MGRM | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MEDINA LUCIA | |
| STREET ADDRESS | 11931 Royal Palm Blvd. #102 | |
| CITY-ST-ZIP | Coral Springs, FL 33065 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| NAME | | |
| STREET ADDRESS | | |
| 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:

SIGNATURE REQUIRED

07-28-02

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

Date

Daytime Phone #

CR2E083 (4/03)