

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90004 043 ****55.00

DOCUMENT # L99000004003

1. Entity Name

TECNO L.L.C.



Principal Place of Business

Mailing Address

**733 SANTANDER AVE.
CORAL GABLES FL 33134**

**733 SANTANDER AVE.
CORAL GABLES FL 33134**

2. Principal Place of Business

180 MADEIRA AVE.

3. Mailing Address

180 MADEIRA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL GABLES, FLA

City & State

CORAL GABLES, FLA

Zip

33134

Country

U.S.A

Zip

33134

Country

U.S.A

4. FEI Number

65-0934784

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JARAMILLO, EDGARDO T
7003 N. WATER WAY DRIVE, STE. 210
MIAMI FL 33155**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **P** ☐ Delete
NAME **JARAMILLO, EDGARDO T**
STREET ADDRESS **7003 N. WATER WAY DR. #210**
CITY-ST-ZIP **MIAMI FL 33155**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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

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

2/12/2003

Date

Daytime Phone #

CR2E083 (10/02)