

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004441

1. Entity Name
D'ROOTS, L.L.C.

Principal Place of Business
7037 W. HILLSBOROUGH AVE.
TAMPA FL 33634

Mailing Address
7037 W. HILLSBOROUGH AVE.
TAMPA FL 33634

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0936174

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

OSORIO, MARTHA L
7037 W. HILLSBOROUGH AVE.
TAMPA FL 33634

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.

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 Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME CARLOS FRANCISCO OSORIO
STREET ADDRESS 7037 W. HILLSBOROUGH AVE.
CITY-ST-ZIP TAMPA FL 33634 ☐ Delete

TITLE
NAME Carlos Francisco Osorio ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM
NAME JORGE ENRIQUE OSORIO
STREET ADDRESS 7037 W. HILLSBOROUGH AVE.
CITY-ST-ZIP TAMPA FL 33634 ☐ Delete

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

TITLE MGRM
NAME MARTHA LUCIA OSORIO REYES
STREET ADDRESS 7037 W. HILLSBOROUGH AVE.
CITY-ST-ZIP TAMPA FL 33634 ☐ Delete

TITLE
NAME Martha Lucia Osorio ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Martha Lucia Osorio

04/16/01

(813)886-5661

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

Date

Daytime Phone #

001803

CR2E083 (11/00)

FILED

2001 APR 23 PM 2:10

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



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