

AMENDED

04-17-2003 90035 027 ****50.00
L99000004482

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

FILED

2003 APR 23 AM 7:38

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L99000004482

1. Entity Name

TREMIRON JACKSONVILLE, L.C.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2885 ST. CLAIR ST.

3. Mailing Address

2885 ST. CLAIR ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
JACKSONVILLE, FL

City & State
JACKSONVILLE, FL

4. FEI Number 59-3598951

Applied For

Not Applicable

Zip
32254

Country
USA

Zip
32254

Country
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name HUGUES CARON

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

2885 ST. CLAIR ST.

City JACKSONVILLE

FL

Zip Code
33178

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

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR/P - Michael A. Caron 11321 NW 138th Street Miami, FL 33178	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR/VP - Hugues Caron 2885 St. Clair St. Jacksonville, FL 32254	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR/S - Edilio Pacitti 11321 NW 138th Street Miami, FL 33178	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR/VP - Marisa Pacitti 11321 NW 138th Street Miami, FL 33178	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
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 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

4/8/03 904.359.5900

CR2E083B (12/02)