

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L99000006112

1. Entity Name
ALTHEA M. WARRELL, L.L.C.

FILED

01 JAN 23 PM 5: 00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
971 SAN PEDRO AVENUE
CORAL GABLES FL 33156

Mailing Address
971 SAN PEDRO AVENUE
CORAL GABLES FL 33156



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0972884

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WARRELL, ALTHEA M
971 SAN PEDRO AVENUE
CORAL GABLES FL 33156

Name

Mercedes Padin, Esq.

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

Buchanan Ingersoll P.C.

19495 Biscayne Blvd., Suite 606

City

Aventura

FL

Zip Code
33180

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/MANAGERS

10.

ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
WARRELL, ALTHEA M
971 SAN PEDRO AVENUE
CORAL GABLES FL 33156

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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 OR MANAGER

Date

Daytime Phone #

12-27-00-305-

793-309

CR2E083 (5/00)