

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90574 005 ****50.00

DOCUMENT # L99000006707

1. Entity Name

FLYING SERVICES, L.L.C.



Principal Place of Business

Mailing Address

**7370 NW 36 ST., STE 201A
MIAMI FL 33166**

**7370 NW 36 ST., STE 201A
MIAMI FL 33166**

2. Principal Place of Business

2615 Lantana Rd

3. Mailing Address

2615 Lantana Rd

Suite, Apt. #, etc.

Suite B

Suite, Apt. #, etc.

Suite B

City & State

Lantana FL

City & State

Lantana FL

Zip

33462

Country

US

Zip

33462

Country

US



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0954417

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

**ANDREW CUEVAS, ESQ. (CUEVAS & RUBIN P.A.)
536 BILTMORE WAY
CORAL GABLES FL 33134**

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

10. ADDITIONS/CHANGES

TITLE **P** ☐ Delete
NAME **VALDERRAMA, JORGE**
STREET ADDRESS **15205 LOCHISLE DR W**
CITY-ST-ZIP **MIAMI FL 33014**

TITLE **P** ☒ Change ☐ Addition
NAME **valderrama Jorge**
STREET ADDRESS **5315 Moon Shadow Ln**
CITY-ST-ZIP **Greenacres, FL 33463**

TITLE **V** ☐ Delete
NAME **VALDERRAMA, ANGELA**
STREET ADDRESS **15205 WCH ISLE DR W**
CITY-ST-ZIP **MIAMI FL 33014**

TITLE **V** ☒ Change ☐ Addition
NAME **Valderrama Angela**
STREET ADDRESS **5315 moon shadow Ln**
CITY-ST-ZIP **Greenacres, FL 33463**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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:

Jorge Valderrama

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

1-9-03

561-6421330

Date

Daytime Phone #

CR2E083 (10/02)