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May 12, 2002 8:00 am
Secretary of State
05-12-2002 90597 016 ****50.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007458

1. Entity Name: JARAMILLO, GUTIERREZ, & ASSOCIATES, L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
14393 SW 142 ST	14393 SW 142 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL.	City & State: MIAMI, FL
Zip: 33186 Country: USA	Zip: 33186 Country: USA

4. FEI Number: 65-0960311 ☐ Applied for ☐ Not Applicable

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: JORGE LAFFITTE

Street Address (P.O. Box Number is Not Acceptable): 14393 SW 142 ST

City: MIAMI FL Zip Code: 33186

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 ____

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR NAME: ROBERT GUTIERREZ STREET ADDRESS: 14393 SW 142 ST CITY-ST-ZIP: MIAMI, FL 33186	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: MGR NAME: JORGE LAFFITTE STREET ADDRESS: 14393 SW 142 ST CITY-ST-ZIP: MIAMI, FL 33186	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #

CR2E063B (12/01)