

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

A

FILED
Jun 04, 2002 8:00 am
Secretary of State

06-04-2002 90201 017 ****61.25

DOCUMENT # L99000007494

1. Entity Name

GIRARDOT LLC.

DO NOT WRITE IN THIS SPACE

968433

2. Principal Place of Business

10501 N.W. 50 STREET

3. Mailing Address

780 N.W. 42 AVE.

Suite, Apt. #, etc.

SUITE 111

Suite, Apt. #, etc.

SUITE #416

City & State

SUNRISE FL

City & State

MIAMI FL

Zip

33351

Country

Zip

33126

Country

4. FEI Number

65-0958417

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

BERG, CATALINA

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

13031 N.W. 1 STREET TOWER 9 #209

City

PEMBROKE PINES

FL

Zip Code

33028

**DO NOT WRITE
IN THIS SPACE**

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.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BERG, CATALINA
13031 NW 1STREET TOWER 9 #209
PEMBROKE PINES FL 33028**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
NAVARRO, JOSE ENRIQUE
8250 SAN CARLOS CIRCLE
TAMARAC FL 33321**

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: X

JOSE E. NAVARRO MGR.

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

Date

Daytime Phone #

CR2E083B (12/01)