

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008013

1. Entity Name

ARCADIA GROUP, L.L.C.

Principal Place of Business

1349 WASHINGTON AVE.
MIAMI BEACH FL 33139

Mailing Address

1349 WASHINGTON AVE.
MIAMI BEACH FL 33139

2. Principal Place of Business

210 71st STREET

Suite, Apt. #, etc.

307

City & State

MIAMI BEACH FL

Zip

33141

Country

USA

3. Mailing Address

210 71st STREET

Suite, Apt. #, etc.

307

City & State

MIAMI BEACH, FL

Zip

33141

Country

USA

6. Name and Address of Current Registered Agent

ROMANELLO, MADELEINE
1349 WASHINGTON AVE.
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

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.

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/MEMBERS

TITLE MGR
NAME ROMANELLO, MADELEINE
STREET ADDRESS 1349 WASHINGTON AVE.
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR
NAME ROMANELLO, MADELEINE
STREET ADDRESS 210 71st ST # 307
CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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:

SIGNATURE

4/24/01

3058676788

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

Date

Daytime Phone #

FILED

2001 APR -30 PM 5:36

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE

Applied For
Not Applicable

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