2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900009036

1. Entity Name



FILED Mar 24, 2003 8:00 am Secretary of State

03-24-2003 90020 048 ****50.00

CITY CAR CAHE COMPANY, L.L.C.								
Principal Place of Business 2800 NW 107 AVE MIAMI FL 33178			Mailing Address 999 PONCE DE LEON #1105 CORAL GABLES FL 33134					
2. Principal	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		_	CHECK HERE IF			
City & State		City & State		4. FEI Number			Applied For	
Zip	Country	Zip	Country		5. Certificate o	of Status Desired		Not Applicable Additional
	6. Name and Address of Curre	ent Registered Agent			7. Name and A	Address of New Reg	Fee Req	nitea
999	RILLO, GUILLMERO PONCE DE LEON BLVD., #1109 VAL GABLES FL 33134		Name			is Not Acceptable)	met man.	
			Ci	ity			FL Zip (Code
8. The above the obligat	named entity submits this statementions of registered agent.	t for the purpose of changing	its registered of	fice or registere	ed agent, or both,	, in the State of Florid		ith, and accept
SIGNATURE	Signature, typed or printed name of registered eg-	ent and title if applicable.	NOTE: Registered Ager	nt signature required a	when reinstating)		DATE	
		Make Check Pay	NOW!!! FEE able to Florida Due By May 1,	a Departmen	t of State			
9.		BERS/MANAGERS	10.			ADDITIONS/CH	IANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARRILLO, GUILLMERO 999 PONCE DE LEON BLVD., CORAL GABLES FL 33134	□ Delete #1105	TITLE NAME STREET ADD CITY-ST-ZI				☐ Chang	ge 🗌 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADO CITY-ST-ZII	I	, , ,		☐ Chang	e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	المانية	Delete	TITLENAME STREET ADD CITY-ST-ZIF	RESS		وده سيهب شوت	Chang	e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADD CITY-ST-ZIF	l l			☐ Chang	e 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDI CITY-ST-ZIP				☐ Chang	e 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information, supplied wi	☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	,			☐ Chang	

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