

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90021 022 ****50.00

DOCUMENT # M01000002024

1. Entity Name

LOGICA CAPITAL PARTNERS, LLC



Principal Place of Business

Mailing Address

2601 SOUTH BAYSHORE DR., PH1-C
COCONUT GROVE FL 33133

2601 SOUTH BAYSHORE DR., PH1-C
COCONUT GROVE FL 33133



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

2103 CORAL WAY
Suite # 301

2103 CORAL WAY
Suite # 301

City & State
Miami FL

City & State
Miami, FL

Zip
33145

Country
USA

Zip
33145

Country
USA

4. FEI Number 65-1123188

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

SOLORIO, ANGEL M
2601 S. BAYSHORE DR., PH1-C
COCONUT GROVE FL 33133

Name
SOLORIO, ANGEL M.

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

2103 CORAL WAY, Suite #301

City
Miami

FL

Zip Code
33145

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

1/25/2003

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
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SOLORIO, ANGEL M
2601 S. BAYSHORE DR., PH1-C
COCONUT GROVE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Managing Director
ANGEL M. SOLORIO
2103 CORAL WAY, Suite #301
Miami, FL 33145 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LLACA, MARIANGELES
2601 S. BAYSHORE DR., PH1-C
COCONUT GROVE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
MARIANGELES LLACA
2103 CORAL WAY, Suite #301
Miami, FL 33145 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Change ☐ Addition

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 REQUIRED

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

Date

Daytime Phone #

1/25/2003 (305) 980-9209

CR2E083 (10/02)