## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Aug 02, 2004 08:00 AM Secretary of State **DOCUMENT # L02000006213** 1. Entity Name INVERRARY RENTALS, L.L.C. Principal Place of Business Mailing Address . . . . . . . . . . 2929 NW 56 AVE 4225 WEST 16TH AVE LAUDERHILL, FL 33313 2ND FLOOR HIALEAH, FL 33012 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Aot. #, etc. 07162004 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 41-2032401 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALVAREZ, SANTIAGO J Street Address (P.O. Box Number is Not Acceptable) **4225 WEST 16TH AVE** 2ND FLOOR HIALEAH, FL 33012 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature typed or proted name of registered agent and site if applicable (NOTE, Registered Agent argusture required when reinstating) DATE Filing Fee is \$50.00 Due by September 8, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS tn. ADDITIONS/CHANGES 9. Ø ☐ Change TITLE meAddition ☐ Delete GARCIA, VIVIAN P NAME NAME U00000163194 08/02/04-80014-015 50.00 STREET ADDRESS 4225 WEST 16TH AVE 2ND FLOOR STREET AUDRESS CRY-ST-JP CITY-ST-ZIP HIALEAH, FL 33012 Addition TITLE D Delete TITLE Change GARCIA, RAMON NAME NARAF 4225 WEST 16TH AVE 2ND FLOOR STREET ADDRESS STREET ADDRESS CffY-57-789 HIALEAH, FL 33012 CITY-57-73P TITLE Delete Change Addition ALVAREZ, SANTIAGO J NAME NAME 4225 WEST 16TH AVE 2ND FLOOR STREET ADORESS STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33012 CITY-ST-ZIP TITLE TOTALE ☐ Delete Addition Change NAME MAME STREET ADDRESS STREET ADDRESS CXTY-ST-789 CTTY-ST-ZP 3331.E Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CRY-57-78 City-St-7P TITLE Delete ☐ Chance ☐ Addition NAME HAME STREET ADDRESS STREET ADDRESS CAY-ST-ZIP 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)(f), Florida Statutes, I further certify that the information indicated on this report is true and accurate and find 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 torsize empowered to execute this report as required by Chapter 608, Florida Statutes.

cran

ZEO REPRESENTATIVE

Date

Davime Phone #

G MEMBER, MANAGER, OR AUTHOR

MANAGE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING

**FILED**