

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 09, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000019523

1. Entity Name
MAGAFER, LLC



Principal Place of Business
2450 NE MIAMI GARDENS DRIVE
2ND FLOOR
NORTH MIAMI BEACH, FL 33180 US

Mailing Address
2450 NE MIAMI GARDENS DRIVE
2ND FLOOR
NORTH MIAMI BEACH, FL 33180 US



05022005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0875835

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, JOSE
2450 NE MIAMI GARDENS DRIVE
2ND FLOOR
NORTH MIAMI BEACH, FL 33180

**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. 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 reappointing)

DATE

Filing Fee is \$50.00
Due by September 7, 2005

U00000365106
05/09/05-80026-005 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LEAL, JORGE H
2450 NE MIAMI GARDENS DRIVE
NORTH MIAMI BEACH, FL 33180

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LEAL, LILIA G
2450 NE MIAMI GARDENS DRIVE
NORTH MIAMI BEACH, FL 33180

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LEAL, FERNANDO J
2450 NE MIAMI GARDENS DRIVE
NORTH MIAMI BEACH, FL 33180

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LEAL, GABRIELA E
2450 NE MIAMI GARDENS DRIVE
NORTH MIAMI BEACH, FL 33180

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LEAL, MARIA DE LOS A
2450 NE MIAMI GARDENS DRIVE
NORTH MIAMI BEACH, FL 33180

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

DATE

Daytime Phone #

4/30/05