

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 01, 2004 8:00 am**  
**Secretary of State**

03-01-2004 90316 043 \*\*\*\*50.00

**DOCUMENT # L02000021216**

1. Entity Name  
KIRA, LLC



Principal Place of Business

1625 NORTH COMMERCE PARKWAY #315  
WESTON, FL 33326

Mailing Address

1625 NORTH COMMERCE PARKWAY #315  
WESTON, FL 33326



02172004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
03-0479947

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ILEANA ARIAS TOVAR, ESQ.  
WESTON TOWN CENTER  
1725 MAIN STREET, SUITE 205  
WESTON, FL 33326

**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 reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
MARTINEZ, CIRO  
1625 NORTH COMMERCE PARKWAY #315  
WESTON, FL 33326

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
MARTINEZ, ROSA  
1625 NORTH COMMERCE PARKWAY #315  
WESTON, FL 33326

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
ALBACETE, ALFONSO  
1625 NORTH COMMERCE PARKWAY #315  
WESTON, FL 33326

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
ANZOLA, FRANCISCO  
1625 NORTH COMMERCE PARKWAY #315  
WESTON, FL 33326

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

Date

Daytime Phone #

8/23/04

754 3896161