

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000024241		
1. Entity Name CARLOS M. CHAIN, LLC		

Principal Place of Business 13471 S.W. 25 STREET MIAMI, FL 33175	Mailing Address 13471 S.W. 25 STREET MIAMI, FL 33175
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DO NOT WRITE IN THIS SPACE



04302004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 56-2320345	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent SMITH, GARY V ESQ. 1230 NW 7 STREET MIAMI, FL 33125-3702	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when remitting) DATE _____

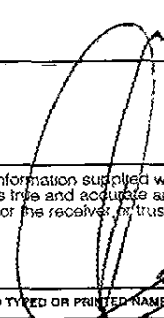
**Filing Fee is \$50.00
Due by May 1, 2004**

000000157281
05/06/04-80020-016 150.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CHAIN, CARLOS M 13471 S.W. 25 STREET MIAMI, FL 33175
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**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)(g), 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:  **CARLOS M CHAIN = PRESIDENT** 04/30/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Day/Mo/Yr