

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000014861

1. Entity Name
PRIDE HOMES OF RENAISSANCE, LLC



Principal Place of Business

**12448 SW 127 AVENUE
MIAMI, FL 33186**

Mailing Address

**12448 SW 127 AVENUE
MIAMI, FL 33186**

DO NOT WRITE IN THIS SPACE



03112005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
74-3087993

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KUPFER, PAUL H
1700 UNIVERSITY DRIVE STE. 110
CORAL SPRINGS, FL 33071**

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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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	GARCIA, CARLOS
STREET ADDRESS	12448 SW 122 AVE
CITY- ST- ZIP	MIAMI, FL 33186
TITLE	MGR
NAME	FERNANDEZ, MARTHA
STREET ADDRESS	12448 SW 127 AVE
CITY- ST- ZIP	MIAMI, FL 33186
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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IN THIS SPACE**

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03/18/05-80072-007 50.00

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 #