


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

04 MAY 25 AM 11:08
Yes
 STATE
 TALLAHASSEE FLORIDA

MJH

DOCUMENT # L03000027842 1. Entity Name 84 - LTS, LLC	
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Principal Place of Business 5779 N.W. 151 STREET MIAMI LAKES, FL 33014	Mailing Address 5779 N.W. 151 STREET MIAMI LAKES, FL 33014
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2. Principal Place of Business <i>14160 Palmetto Frontage Rd</i> Suite, Apt. #, etc. <i>21</i> City & State <i>Miami Lakes, FL</i> Zip <i>33016</i>	3. Mailing Address <i>14160 Palmetto Frontage Rd</i> Suite, Apt. #, etc. <i>21</i> City & State <i>Miami Lakes, FL</i> Zip <i>33016</i>
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03262004 Chg-LLC CR2E083 (10/03) *5/25*

6. Name and Address of Current Registered Agent CORREA, DANNY ESQ. C/O ARAN CORREA & GUARCH, P.A. 710 SOUTH DIXIE HIGHWAY CORAL GABLES, FL 33146	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>
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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 reissuing) DATE _____

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

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		<i>Miguel Alexander Vega</i> <i>14160 Palmetto Frontage Road #21</i> <i>Miami FL 33016</i>	
		000037033940 <i>05/24/04--01024--002 **1406_25</i>	
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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			<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Miguel Alexander Vega* *4/30*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE / Date Daytime Phone #