## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L03000047418

1. Entity Name

JOSÉ JESUS LOPEZ INSTALLATIONS, LLC



## FILED Mar 24, 2004 8:00 am Secretary of State

03-24-2004 90300 012 \*\*\*\*50.00

		,		7	
Principal Place of Business 2569 W71STPLACE HALEAH, RL. 33016		Mailing Address 2569 W71STRLACE HALEAH, RL 33016		- G	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<u> </u>	03212004 Chg-LLC CR2E	083 (10/03)
City & State		City & State		4. FEI Number 01 0803 198	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$5.00 Additional Fee Required
	6. Name and Address of Cur	rent Registered Agent	<u> </u>	7. Name and Address of New Registered	
			Name		<del>. ************************************</del>
LOPEZ, JOSE J 2569 W. 71ST PLACE		Street Address	Street Address (P.O. Box Number is Not Acceptable)		
HIALEAH, FL 33016					
; , i			City	F	Zip Code
<ol> <li>The above named entity submits this statement for the purpose of changing its registered office the obligations of registered agent.</li> </ol>				tered agent, or both, in the State of Florida. I ar	n familiar with, and accept
SIGNATURE					
Filing Fee is \$50.00 Due by May 1, 2004				Make check Florida Depart	
9.	MANAGING ME	MBERS/MANAGERS	10.	ADDITIONS/CHANGE	S
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS	LOPEZ, JOSE J 2569 W. 71ST PLACE		NAME STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL 33016		CITY-ST-ZIP		
TITLE	4 6	☐ Delete	TITLE		☐ Change ☐ Add/tion
NAME STREET ADDRESS		,	NAME STREET ADDRESS	•	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.	Delete	TITLE		Change Addition
NAME	<del>.</del>		NAME		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		Change Addition
NAME		_ 5000	NAME		_ , _
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME	•	Delete .	TITLE NAME		CT CHANGE CT ADDITION
STREET ADDRESS			STREET ADDRESS		
City-St-ZIP	ł		CITY-ST-ZIP		
TITLE	. 7	☐ Delete	TITLE	•	☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CICALATURE.

fugliful

3/21/04.

<sup>11.</sup> 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 fiability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.