

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 05, 2004 8:00 am**  
**Secretary of State**

02-05-2004 90077 047 \*\*\*\*50.00

**DOCUMENT # L03000000038**

1. Entity Name

**DIMENSION CAPITAL MANAGEMENT LLC**



Principal Place of Business

**701 BRICKELL AVENUE STE. 850  
MIAMI, FL 33131**

Mailing Address

**701 BRICKELL AVENUE STE. 850  
MIAMI, FL 33131**



01062004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**65-0781641**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**TORRES, ONOFRE  
701 BRICKELL AVENUE STE. 850  
MIAMI, FL 33131**

**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	D
NAME	TORRES, ONOFRE
STREET ADDRESS	701 BRICKELL AVE STE 850
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	P
NAME	HERRERA, JULIO
STREET ADDRESS	DIAGONALB, #10-31 ZOKA ID
CITY-ST-ZIP	GUATEMALA CITY, GUATEMALA,
TITLE	VP
NAME	TORRES, PHILIP A
STREET ADDRESS	1130 W ARMITAGE
CITY-ST-ZIP	CHICAGO, IL 60614
TITLE	S
NAME	RODRIGUEZ, CRISTINE <i>CRISTIAN</i>
STREET ADDRESS	11 AVENIDA 36-40 ZONA 11
CITY-ST-ZIP	GUATEMALA CITY, GUATEMALA,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 liquidator 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 #