

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-05-2004 90225 037 ****50.00

DOCUMENT # L03000023276

1. Entity Name

5401LBB, LLC



Principal Place of Business

1313 PONCE DE LEON BLVD., SUITE 310
CORAL GABLES FL 33134

Mailing Address

1313 PONCE DE LEON BLVD., SUITE 310
CORAL GABLES FL 33134

2. Principal Place of Business

5401 N.W. 105TH COURT

Suite, Apt. #, etc.

3. Mailing Address

5401 N.W. 105TH COURT

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33178

Country

City & State

MIAMI, FLORIDA

Zip

33178

Country



MOORE

CR2E083 (11/03)

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ-GALARRAGA, JORGE
1313 PONCE DE LEON BLVD., SUITE 310
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE ~~XXXX~~ ☐ Delete
NAME ~~SANCHEZ-GALARRAGA, JORGE~~
STREET ADDRESS ~~1313 PONCE DE LEON BLVD., SUITE 310~~
CITY-ST-ZIP ~~CORAL GABLES FL 33134~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME MGRM
STREET ADDRESS PORTILLO, LESBIA
CITY-ST-ZIP 5401 N.W. 105TH COURT
MIAMI, FLORIDA 33178

TITLE ☐ Change ☐ Addition
NAME MGRM
STREET ADDRESS HIRSCH, ALEJANDRO
CITY-ST-ZIP 5401 N.W. 105TH COURT
MIAMI, FLORIDA 33178

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

LESBIA PORTILLO, MGRM 3/2/04 (305) 445-5351

Date

Daytime Phone #