

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000000845 1. Entity Name GASFORAL, L.L.C.	
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Principal Place of Business 4711 NW 79TH ST., STE. 20T MIAMI, FL 33166	Mailing Address 4711 NW 79TH ST., STE. 20T MIAMI, FL 33166
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DO NOT WRITE IN THIS SPACE



03052004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0976200	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MENESES, MAURICIO
4711 NW 79TH ST., STE. 20T
MIAMI, FL 33166

**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**

000000094312
03/22/04-80054-013 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MAUMENE CORPORATION 4711 NW 79TH ST., STE. 20T MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BIMENTA CORPORATION 4711 NW 79TH ST., STE. 20T MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM APTAP CORPORATION 4711 NW 79TH ST., STE. 20T MIAMI, FL 33166
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**

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: *Mauricio Troncoso* *Mauricio Troncoso*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE
Date *03/18/04* Daytime Phone # *640-19-01*