

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000020864					
1. Entity Name 123 DISH, LLC					
Principal Place of Business 7500 NW 25 STREET, SUITE 248-249 MIAMI, FL 33122 FL			Mailing Address 7500 NW 25 STREET, SUITE 248-249 MIAMI, FL 33122 FL		
2. Principal Place of Business 19501 NE 10th Avenue		3. Mailing Address 19501 NE 10th Avenue			
Suite, Apt. #, etc. Suite # 106		Suite, Apt. #, etc. Suite # 106			
City & State North Miami Beach, FL		City & State North Miami Beach, FL			
Zip 33179 Country USA		Zip 33179 Country USA			
6. Name and Address of Current Registered Agent QUICK ACCOUNTING SOLUTIONS CORP. 4815 NW 70 AVE., SUITE 1 MIAMI, FL 33166			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 8, 2004			Make check payable to: Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FINOL, LEANDRO 7500 NW 25 STREET, SUITE 248-249 MIAMI, FL 33122		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Finol, Leandro 19501 NE 10th Avenue Suite # 106 North Miami Beach, FL 33179	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARANGUREN, JESUS E 7500 NW 25 STREET, SUITE 248-249 MIAMI, FL 33122		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____		TITLE 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: _____			9-1-04 35-690-3300 x7301		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

FILED
04 SEP 10 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08122004 Chg-LLC CA2E083 (10/03)

4. FEI Number 01-0617805 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

BK

600040976266

CSC.

CORPORATION SERVICE COMPANY

L01000020864

ACCOUNT NO. : 072100000032

REFERENCE : 882209 121767A

AUTHORIZATION

COST LIMIT : \$ 50.00

Patricia Pigato

ORDER DATE : September 10, 2004

ORDER TIME : 3:06 PM

ORDER NO. : 882209-005

CUSTOMER NO: 121767A

CUSTOMER: Ms. Karina Garcia
Karp & Genauer, P.a.
Suite 1202
2 Alhambra Plaza
Coral Gables, FL 33134

BK

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: 123 DISH, LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd-EXT#2940

EXAMINER'S INITIALS: _____

RECEIVED
04 SEP 10 PM 4:07
DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA