

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90154 022 ****50.00

DOCUMENT # L03000054460

1. Entity Name

SURREY INVESTMENTS, LLC



Principal Place of Business

16900 S.W. 162ND AVENUE
MIAMI FL 33187

Mailing Address

16900 S.W. 162ND AVENUE
MIAMI FL 33187

2. Principal Place of Business

20601 Old Cutler Rd

3. Mailing Address

P.O. Box 771346

Suite, Apt. #, etc.

Suite 201

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

Zip

33189

Country

USA

Zip

33177

Country

USA

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPCO, INC.
2699 SOUTH BAYSHORE DRIVE, 7TH FLOOR
MIAMI FL 33187

7. Name and Address of New Registered Agent

Name

CHADES MULLER

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

7385 Galloway Road

Suite 200

City

Miami

FL

Zip Code

33173

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]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/9/05

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME NUNEZ, LOURDES
STREET ADDRESS 16900 S.W. 162ND AVENUE
CITY-ST-ZIP MIAMI FL 33187

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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]

LOURDES NUNEZ

2/9/05

305-252-7833

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #