


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000000896			
1. Entity Name FINANCIERA GIRNEL, LLC			
Principal Place of Business 7392 NW 35 TERR STE 206 MIAMI FL 33122		Mailing Address 7392 NW 35 TERR STE 206 MIAMI FL 33122	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent STEIN, JORGE 7392 SW 35 TERR STE 206 MIAMI FL 33122		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		DATE	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
		FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005	



1st MOORE CR2E083 (10/04)

4. FEI Number **65-1068418** Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STEIN, JORGE E 7392 NW 35 TERR STE 206 MIAMI FL 33122 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

[Signature] **JORGE E. STEIN**

4/21/05

786-621-4335

Date

Daytime Phone #