

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90022 038 ****55.00

DOCUMENT # L00000002800

1. Entity Name
MAROCMIAMI, L.L.C.



Principal Place of Business
**8724 S.W. 54TH TERRACE
MIAMI, FL 33165 US**

Mailing Address
**8724 S.W. 54TH TERRACE
MIAMI, FL 33165 US**

20026913



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03142005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
65-1119486

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AMADOR, ROLANDO A
8724 S.W. 54TH TERRACE
MIAMI, FL 33165**

Name **BENAMOUR, LOURDES**

Street Address (P.O. Box Number is Not Acceptable)
300-69TH STREET #5

City **MIAMI BEACH** FL Zip Code **33141**

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 file if applicable.

(NOTE: Registered Agent signature required when reinstalling)

April 3 2005

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BENAMOUR, AZIZ
300-69TH STREET #5
MIAMI BEACH, FL 33141** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
AMADOR, ROLANDO A
8724 S.W. 54TH TERRACE
MIAMI, FL 33165** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BENAMOUR, LOURDES
300-69TH STREET #5
MIAMI BEACH, FL 33141** ☐ Change ☒ 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)(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

April 3, 2005

Date

(305) 867-5944

Daytime Phone #