

Apr. 28. 2005 10:11AM

No. 96567 P. 6

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000003061

1. Entity Name
GINA'S RANCH, LLC



Principal Place of Business
407 PARK PLACE
HOMESTEAD, FL 33030

Mailing Address
PEREZ BEHAR & ASSOC., P.A.
13935 NW 1ST AVE.
MIAMI, FL 33168



04262005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number
65-0989023

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEREZ, BEHAR & ASSOCIATES, PA
13935 NW 1ST AVENUE
N MIAMI, FL 33168

**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 of individual or printed name of registered agent and the 7 words

NOTE: Registered Agent signature required when renewing

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MEM
NAME	CARBALLO, SERGIO
STREET ADDRESS	407 PARK PLACE
CITY-ST-ZIP	HOMESTEAD, FL 33030
TITLE	MEM
NAME	CARBALLO, DELIA
STREET ADDRESS	407 PARK PLACE
CITY-ST-ZIP	HOMESTEAD, FL 33030
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000358002
05/04/05-80093-024 50.00

**DO NOT WRITE
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)(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 838, Florida Statutes.

SIGNATURE: *Sergio Carballo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/28/05 (305)248-4111

Date

Daytime phone #