

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 15, 2004 8:00 am**  
**Secretary of State**

01-15-2004 90092 025 \*\*\*\*50.00

DOCUMENT # L00000003777



1. Entity Name  
O.F.F.F. - SOUTH FLORIDA, LLC

Principal Place of Business  
3485 SHERIDAN AVENUE  
MIAMI, FL 33140

Mailing Address  
3485 SHERIDAN AVENUE  
MIAMI, FL 33140

2. Principal Place of Business

601 West 51st Street

Suite, Apt. #, etc.

3. Mailing Address

601 West 51st Street

Suite, Apt. #, etc.

01082004

Chg-LLC

CR2E083 (10/03)

City & State  
Miami Beach, FL

City & State  
Miami Beach, FL

4. FEI Number

65-1005417

Applied For

Not Applicable

Zip  
33140

Country  
USA

Zip  
33140

Country  
USA

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GIRARD, NICOLAS  
3485 SHERIDAN AVENUE  
MIAMI, FL 33140

7. Name and Address of New Registered Agent

Name Girard, Nicolas

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

601 West 51st Street

City Miami Beach

FL

Zip Code 33140

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)

DATE

JAN 12 - 2004

Filing Fee is \$50.00  
Due by May 1, 2004

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE P  
NAME GIRARD, NICOLAS  
STREET ADDRESS 601 W 51ST ST.  
CITY-ST-ZIP MIAMI, FL 33140 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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]*

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

JAN 12 - 2004

Date

305 865 2460

Daytime Phone #