

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 18, 2005 08:00 AM
Secretary of State**

DOCUMENT # L00000005217

1. Entity Name
AVILES MORTGAGE, LLC



Principal Place of Business
**708 S. CHURCH AVE.
TAMPA, FL 33609**

Mailing Address
**708 S. CHURCH AVE.
TAMPA, FL 33609**



04142005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3644193

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**AVILES, JOHN M
708 S. CHURCH AVE
TAMPA, FL 33609**

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

1100000314600
04/18/05-80172-022 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE **P**
NAME **AVILES, JOHN M**
STREET ADDRESS **708 S CHURCH AVE**
CITY-ST-ZIP **TAMPA, FL 33609**

TITLE **VP**
NAME **LEWIS, PAMELA A**
STREET ADDRESS **708 S. CHURCH AVE**
CITY-ST-ZIP **TAMPA, FL 33609**

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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)(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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

John M. Aviles **John M. Aviles** **4/15/05** **813-874-5590**