

# 2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L00000005569

1. Entity Name  
MCDONALD, GOLDBERG, CANTILLO AND ASSOCIATES, LLC



FILED

04 JUL -7 PM 1:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1575 SAN IGNACIO AVENUE  
5TH FLOOR  
CORAL GABLES, FL 33146

Mailing Address  
1575 SAN IGNACIO AVENUE  
5TH FLOOR  
CORAL GABLES, FL 33144



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06302004

Chg-LLC

CR2E083 (10/03)

City & State

City & State

4. FEI Number

65-1130423

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address

METSCH, BENJAMIN  
1455 NW 14TH STREET  
MIAMI, FL 33125

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  
the obligations of registered agent.

ed office or registered agent, or both, in the State of Florida. I am familiar with, and accept

SIGNATURE

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

(Not required if Agent signature required when reinstating)

DATE

Amended AR is \$50.00

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME CANTILLO, JULIAN  
STREET ADDRESS 1575 SAN IGNACIO AVENUE  
CITY-ST-ZIP CORAL GABLES, FL 33144

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition  
NAME 300039308383  
STREET ADDRESS 07/19/04--01067--002 \*\*150.00  
CITY-ST-ZIP

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

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

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

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

Date

Daytime Phone #

\$50 per  
document

6/30/04

305  
920-8443