

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90560 008 ***150.00

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1. Entity Name

DEL AMO & SEGUROLA, PL

Principal Place of Business

201 SEVILLA AVENUE, SUITE 202
CORAL GABLES FL 33134

Mailing Address

201 SEVILLA AVENUE, SUITE 202
CORAL GABLES FL 33134

2. Principal Place of Business

3211 PONCE DE LEON BLVD

Suite, Apt. #, etc.

200

City & State

CORAL GABLES, FL

Zip

33134

Country

MIAMI -DADE

3. Mailing Address

3211 PONCE DE LEON BLVD

Suite, Apt. #, etc.

200

City & State

CORAL GABLES, FL

Zip

33134

Country

MIAMI -DADE



MOORE

CR2E083 (11/03)

4. FEI Number

65-1017520

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARLOS DEL AMO, P.A.
201 SEVILLA AVENUE, SUITE 202
CORAL GABLES FL 33134

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 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

1-27-04

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGRP ☐ Delete
NAME DEL AMO, CARLOS PA
STREET ADDRESS 201 SEVILLA AVENUE, SUITE 202
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE P ☐ Delete
NAME SEGUROLA, IGNACIO
STREET ADDRESS 241 SEVILLA AVE SUITE 202
CITY-ST-ZIP CORAL GABLES FL 33134

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 MGRP ☒ Change ☐ Addition
NAME CARLOS DEL AMO, P.A.
STREET ADDRESS 3211 PONCE DE LEON BLVD, SUITE 200
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE P ☒ Change ☐ Addition
NAME IGNACIO SEGUROLA, PA
STREET ADDRESS 3211 PONCE DE LEON BLVD, SUITE 200
CITY-ST-ZIP CORAL GABLES, FL 33134

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

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

1-27-04

Date

Daytime Phone #