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Secretary of State
05-05-2004 90011 013 ****55.00

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2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000008089

1. Entity Name
RAMIREZ & SONS, LLC

Principal Place of Business	Mailing Address
1320 NW 18TH AVENUE, APT. 3C DELRAY BEACH, FL 33445	1320 NW 18TH AVENUE, APT. 3C DELRAY BEACH, FL 33445

34008878

04292004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1022024
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

RAMIREZ, LUIS A
1320 N.W. 18 AVENUE APT. 3C
DELRAY BEACH, FL 33445

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	RAMIREZ, LUIS ALBERTO
STREET ADDRESS	1320 NW 18TH AVENUE, APT. 3C
CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	VP
NAME	GONZALEZ, NANCY C
STREET ADDRESS	1320 NW AVENUE APT 3C
CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 05.24.04 561.541.2558.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #