

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90004 028 ***150.00

DOCUMENT # L00000008514

1. Entity Name
DARWIN'S WAITING ROOM, LLC



Principal Place of Business
**1000 BRICKELL AVENUE, SUITE 900
MIAMI, FL 33131**

Mailing Address
**1000 BRICKELL AVE
STE 900
MIAMI, FL 33131**



04022004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1028921

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SUAREZ, ANGEL A
1000 BRICKELL AVENUE, SUITE 900
MIAMI, FL 33131**

**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, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
JB BLOT
7424 LOS PINES BLVD.
CORAL GABLES, FL 33143**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PERRONE, JOSEPH
8901 SW 82ND ST
MIAMI, FL 33143**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
RENDINI, EDWARD
14711 S.W. 112 TERRACE
MIAMI, FL 33196**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CANDO, ALEX
7880 MANOR FORREST LN
BOYNTON BEACH, FL 33436**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
TALK, MICHAEL
18501 SEBRING RD
FORT MYERS, FL 33912**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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

4-1-04

Date

305-662-6307

Daytime Phone #