

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90034 032 \*\*\*\*50.00

**DOCUMENT # L00000008891**

1. Entity Name  
**FOUR & FIVE, L.L.C.**



Principal Place of Business  
**1715 S.W. 22ND STREET  
MIAMI, FL 33145**

Mailing Address  
**1715 S.W. 22ND STREET  
MIAMI, FL 33145**

**24046003**



2. Principal Place of Business

3. Mailing Address

**13350 N.W. 27 AVE. 13750 NW 27th AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03312004 Chg-LLC CR2E083 (10/03)

City & State

City & State

**Opalocka FL**

**Opalocka FL**

4. FEI Number

**65-1038866**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33054 DADE**

**33054 U.S.**

5. Certificate of Status Desired ☐

**\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TETNER, LUNA  
3190 N.E. 211TH STREET  
AVENTURA, FL 33180**

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

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
TETNER, LUNA  
3190 N.E. 211 STREET  
AVENTURA, FL 33180** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

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

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**LUNA TETNER**