

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000008989	
1. Entity Name LOUISIANA, L.L.C.	

Principal Place of Business 3000 12 W 25TH AVE. POMPANO BEACH, FL 33069	Mailing Address 3000 12 W 25TH AVE. POMPANO BEACH, FL 33069
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05-03-2004 90145 013 ****50.00
04 MAY 14 PM 2:30

WLO5/25/04
24064229



04262004 No Chg-LLC CR8833 (10/03)

4. FEI Number 36-4383124	Applied For ☒ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

7. Name and Address of Current Registered Agent	
Name DANIEL CAIRO	
Street Address (P.O. Box Number is Not Acceptable)	
3000-12 NW 25TH AVE	
City POMPANO BEACH	FL Zip Code 33069

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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 _____ (NOTE: Registered Agent signature required when withdrawing) _____ DATE _____

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TOLEDE, JEAN L L 11 BLVD. BELLAMY ROYAN, FRANCE, 17200
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAIRO, DANIEL 2155 NW 45TH AVE. COCONUT CREEK, FL 33066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 606, Florida Statutes.

SIGNATURE: Peter Smid / PETER SMID 4/26/04

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