

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90129 045 ****50.00

DOCUMENT # L00000011233

1. Entity Name
WALTER MARBLE LLC



Principal Place of Business
**815 W BOYTON BEACH BLVD STE 7-102
BOYNTON BEACH, FL 33426**

Mailing Address
**2727 NORTH ANDREWS AVE., STE. 102
FORT LAUDERDALE, FL 33311**

24063406



2. Principal Place of Business

1210 W. OLD BOYNTON BEACH
Suite, Apt. #, etc.

3. Mailing Address

1210 W. OLD BOYNTON BEACH
Suite, Apt. #, etc.

119

119

City & State

BOYNTON BEACH

City & State

BOYNTON BEACH

Zip

33426

Country

Zip

33426

Country

WEST PALM BEACH

04292004

Chg-LLC

CR2E083 (10/03)

4. FEI Number

65-1040382

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional

Fee Required

6. Name and Address of Current Registered Agent

WALTER A. CIFUENTES
815 W BOYTON BEACH BLVD #7-102
BOYNTON BEACH, FL 33426

7. Name and Address of New Registered Agent

Name
WALTER A CIFUENTES

Street Address (P.O. Box Number is Not Acceptable)

1210 W. OLD BOYNTON BEACH # 119

City

BOYNTON BEACH

FL

Zip Code

33426

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]

WALTER CIFUENTES

04/28/04

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE **P** ☐ Delete
NAME **CIFUENTES, WALTER A**
STREET ADDRESS **815 W BOYTON BEACH BLVD #7-102**
CITY-ST-ZIP **BOYNTON BEACH, FL 33426**

10. ADDITIONS/CHANGES

TITLE **P** ☐ Change ☐ Addition
NAME **WALTER A CIFUENTES**
STREET ADDRESS **1210 W OLD BOYNTON BEACH # 119**
CITY-ST-ZIP **BOYNTON BEACH, FL 33426**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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

[Signature]

04/28/04

Date

(561) 737-7891

Daytime Phone #