
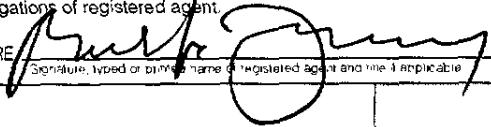
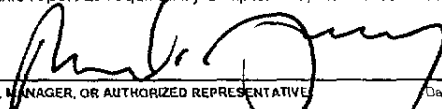


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 25, 2005 08:00 AM
Secretary of State

| | | | | | |
|--|--|---------------------------------|---|---|----|
| DOCUMENT # L00000012006 1. Entity Name MIAMI SHORES ANTIQUES, LLC | | | |  | |
| Principal Place of Business 1300 SW 122 AVE 120 MIAMI FL 33184 | | | Mailing Address 500 BAYVIEW DRIVE 1118 SUNNY ISLES FL 33160 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| RODRIGUEZ, ROBERTO 1300 SW 122 AVE #120 MIAMI FL 33184 | | | | Name | |
| | | | | Street Address (P O Box Number is Not Acceptable) | |
| | | | | | |
| | | | | City | FL |
| 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:  Roberto Rodriguez 4/21/05 <small>(Signature, typed or printed name of registered agent and time if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 | | | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | MGRM RODRIGUEZ, ROBERTO 1300 S.W. 122ND AVENUE APT. 120 MIAMI FL 33184-2883 | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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: Roberto Rodriguez  4/21/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | 786-287-3056 805-940-4668 | |



1st MOORE CR2E083 (10/04)

4. FEI Number **65-1046689** Applied For ☐ Not Applicable ☒

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

**RODRIGUEZ, ROBERTO
1300 SW 122 AVE #120
MIAMI FL 33184**

Name

Street Address (P O Box Number is Not Acceptable)

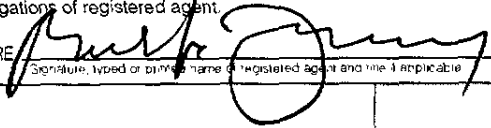
City

FL

Zip Code

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SIGNATURE

 (Signature, typed or printed name of registered agent and time if applicable)

Roberto Rodriguez (NOTE: Registered Agent's signature required when reinstating)

DATE

4/21/05

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
RODRIGUEZ, ROBERTO
1300 S.W. 122ND AVENUE APT. 120
MIAMI FL 33184-2883**

☐ Delete

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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SIGNATURE:

Roberto Rodriguez 

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

DATE

Daytime Phone #

4/21/05

786-287-3056

805-940-4668