

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 03, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000013572**

1. Entity Name  
**TOTIS FAST MARKET, LLC**



Principal Place of Business

**1800 SW 3RD AVE  
MIAMI, FL 33129**

Mailing Address

**1800 SW 3RD AVE  
MIAMI, FL 33129**



04282005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1063873**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**VARES INC  
1638 CORAL WAY  
MIAMI, FL 33145**

**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, 2005**

1100000358832  
05/04/05-80131-005 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
RIASCOS, ALFREDO  
175 SE 25TH ROAD, APT. 4A  
MIAMI, FL 33149**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
RIASCAS, ROSARIO  
300 GALEN DRIVE #204  
MIAMI, FL 33149**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
RIASLOS, LOURDES  
175 SE 25TH ROAD APT. 4A  
MIAMI, FL 33149**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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)(f), 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

Date

Daytime Phone #