

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-03-2004 90145 033 ****50.00

DOCUMENT # L01000001778

1. Entity Name
NITRO GROUP, L.L.C.



Principal Place of Business
**3440 HOLLYWOOD BLVD.
SUITE 360
HOLLYWOOD, FL 33021**

Mailing Address
**3440 HOLLYWOOD BLVD.
SUITE 360
HOLLYWOOD, FL 33021**

24064209



2. Principal Place of Business
18851 NE 29TH AV

3. Mailing Address
18851 NE 29TH AV

Suite, Apt. #, etc.
900

Suite, Apt. #, etc.
900

04302004 Chg-LLC CR2E083 (10/03)

City & State
AVENTURA, FL

City & State
AVENTURA, FL

4. FEI Number
65-1086026

Applied For
Not Applicable

Zip
33180

Country
USA

Zip
33180

Country
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**LEONARDO, ROTH A ESQ
3440 HOLLYWOOD BLVD., STE 300
HOLLYWOOD, FL 33021**

7. Name and Address of New Registered Agent

Name
LEONARDO A. ROTH

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

18851 NE 29TH AV, STE 900

City
AVENTURA

FL

Zip Code
33180

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.

LEONARDO A. ROTH, ESQ

4-30-04

(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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ROSON, MARIANO
1977 CAPITAL FEDERAL
ARGENTINA,**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
NIETO, MARCELO
1977 CAPITAL FEDERAL
ARGENTINA,**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MARIANO ROSON
18851 NE 29TH AV, STE 900
AVENTURA, FL 33180**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

MARIANO ROSON, MGRM

4-30-04 786 279 0000

Date

Daytime Phone #