

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90010 011 *****55.00

DOCUMENT # L01000001904

1. Entity Name
AUDITAR CONSULTORES LLC



Principal Place of Business

6355 NW 36 ST.
STE 507
MIAMI, FL 33166



Mailing Address

6355 NW 36 ST.
STE 507
MIAMI, FL 33166

24069841



02242004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
90-0014513

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JIMENEZ, EDUARDO
6355 NW 36 ST., STE 507
MIAMI, FL 33166

**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, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME

PD
JIMENEZ, EDUARDO

STREET ADDRESS

~~6355 NW 36 ST., STE 507~~

6355 NW 36 ST #507

CITY - ST - ZIP

~~MIAMI, FL 33166~~

MIAMI FL 33166

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 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #