

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000002111

1. Entity Name
RABEMIL SERVICES LLC



Principal Place of Business
1401 DEWEY STREET
HOLLYWOOD, FL 33020

Mailing Address
1401 DEWEY STREET
HOLLYWOOD, FL 33020

2. Principal Place of Business

879 N.W. 110 TERRACE
Suite, Apt. #, etc.

3. Mailing Address

879 N.W. 110 TERRACE
Suite, Apt. #, etc.

City & State

PLANTATION, FLORIDA

Zip
33324

Country
U.S.A.

City & State

PLANTATION, FLORIDA

Zip
33324

Country
U.S.A.

09132004

Chg-LLC

CR2E083 (10/03)

4. FEI Number

65-1076061

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAMOTHE, FERNAND
1401 DEWEY STREET
HOLLYWOOD, FL 33020

Name

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

879 N.W. 110 TERRACE

City
PLANTATION

State
FL

Zip Code
33324

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 September 8, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME PERON, LUC
STREET ADDRESS 2900 NE 30TH ST #66
CITY-ST-ZIP FORT LAUDERDALE, FL 33304

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 300041820583
CITY-ST-ZIP 10/12/04--01048--001 **50.00

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

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

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

Date

Daytime Phone #

FILED

04 OCT -1 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



LA 10/08/04

Francisca

09/10/04