2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State
05-10-2004 90012 010 ****50.00

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05032004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L01000002596

1. Entity Name
SIERRA'S, L.L.C.

Principal Place of Business	Mailing Address
6885 N.W. 25TH STREET MIAMI, FL 33122	6885 N.W. 25TH STREET MIAMI, FL 33122

2. Principal Place of Business		3. Mailing Address	
10857 NW 29ts Street		10857 NW 29t. Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Miami Florida		City & State: Miami Florida	
Zip: 33172	Country: USA	Zip: 33172	Country: USA

4. FEI Number: 65-1079948 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CUEVAS, ANDREW ESQ.
CUEVAS & RUBIN, P.A.
536 BILTMORE WAY
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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	MGRM	☐ Delete
NAME	SIERRA, JUAN	
STREET ADDRESS	6885 N.W. 25TH STREET	
CITY-ST-ZIP	MIAMI, FL 33122	
TITLE	MGRM	☐ Delete
NAME	INVERSIONES LALIWHITE LIMITADA	
STREET ADDRESS	6885 N.W. 25TH STREET	
CITY-ST-ZIP	MIAMI, FL 33122	
TITLE		☐ Delete
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CITY-ST-ZIP		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

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

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] Juan Sierra President April 25/04 305 9757661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #