

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000003688

Entity Name: THE VARA FAMILY, L.L.C.

**FILED**  
**Feb 11, 2004**  
**Secretary of State**

**Current Principal Place of Business:**

9475 N.W. 89TH AVENUE  
MEDLEY, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

9475 N.W. 89TH AVENUE  
MEDLEY, FL 33178

**New Mailing Address:**

FEI Number: 65-1109141

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VARA, ADALBERTO  
8475 NW 89 AVE  
MIAMI, FL 33178 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: VARA, ADALBERTO  
Address: 9475 N.W. 89TH AVENUE  
City-St-Zip: MEDLEY, FL 33178

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ADALBERTO VARA

MGR

02/11/2004

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date