

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000006619

1. Entity Name
GIL FAMILY LLC



Principal Place of Business
**9360 SUNSET DR. #291
MIAMI, FL 33173**

Mailing Address
**9360 SUNSET DR. #291
MIAMI, FL 33173**

DO NOT WRITE IN THIS SPACE



01262004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-1107906

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GIL, AUGUSTO J
9360 SUNSET DR. #291
MIAMI, FL 33173**

**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**

L000000042428
02/10/04-80023-023 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GIL, AUGUSTO J
9360 SUNSET DR 291
MIAMI, FL 33173**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GIL, JULIA
9360 SUNSET DR 291
MIAMI, FL 33173**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ALEJANDRO, GIL
9360 SUNSET DR 291
MIAMI, FL 33173**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: Julia Gil **SECRETARY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2.03.04 (305) 598-4000

Date

Daytime Phone #