

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 06, 2005 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**



01032005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

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, 2005**

**9. MANAGING MEMBERS/MANAGERS**

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

U000000172942  
01/06/05-80022-013 50.00

**DO NOT WRITE  
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)(f), 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*

*Julia Gil*

*1/5/05*

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

Date

Daytime Phone #