

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000006950

1. Entity Name
GOZAR, L.C.



Principal Place of Business
**8405 NW 53 ST., C-102
MIAMI, FL 33166**

Mailing Address
**8405 NW 53 ST., C-102
MIAMI, FL 33166**



01072004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1100016

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TORRES, ANTONIA
1091 GOLDEN CANE DR
WESTON, FL 33327**

**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**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
TORRES, BELEN MARIA DE
8405 N.W. 53 STREET, #C-102
MIAMI, FL 33166**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
TORRES, SILVIA
8405 N.W. 53 STREET, #C-102
MIAMI, FL 33166**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
TORRES, GUMERSINDO
8405 N.W. 53 STREET, #C-102
MIAMI, FL 33166**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
TORRES, TEODORO
8405 N.W. 53RD STREET, #C-102
MIAMI, FL 33166**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000053612
02/16/04-80139-006 50.00

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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)(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: X

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

Antonio Torres

2/11/04 (305) 594-4400

Date

Daytime Phone #