

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90294 049 ****50.00

DOCUMENT # L01000008583

1. Entity Name

PRIDE HOMES BY GARCO, L.L.C.



Principal Place of Business

12448 SW 127 AVENUE
MIAMI FL 33186

Mailing Address

12448 SW 127 AVENUE
MIAMI FL 33186

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-1114577

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KUPFER, PAUL H
1700 UNIVERSITY DRIVE
CORAL SPRINGS FL 33071

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

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME GARCIA, CARLOS M
STREET ADDRESS 9485 SUNSET DRIVE #295
CITY-ST-ZIP MIAMI FL 33173

TITLE Carlos Garcia ☒ Change ☐ Addition
NAME
STREET ADDRESS 12448 SW 127 Avenue
CITY-ST-ZIP Miami, FL 33186

TITLE MGRM ☐ Delete
NAME SIERRA, FILIBERTO
STREET ADDRESS 9485 SUNSET DRIVE #295
CITY-ST-ZIP MIAMI FL 33173

TITLE Sierra, Filiberto ☒ Change ☐ Addition
NAME
STREET ADDRESS 12448 S.W. 127 Avenue
CITY-ST-ZIP Miami, FL 33186

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Carlos M Garcia 3/20/04 305-969-2000