

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 25, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000009235

1. Entity Name
WATERCREST HOLDINGS, LLC



Principal Place of Business
**14936 SW 104TH STREET #23
MIAMI, FL 33196**

Mailing Address
**14936 SW 104TH STREET #23
MIAMI, FL 33196**



03222004 No Chg-LLC

C R2E0E3 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1114686

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LEONARDO, JOSE J ESQ.
12515 N. KENDALL DRIVE
SUITE 222
MIAMI, FL 33186**

**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**

U000000096442
03/25/04-80028-018-50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DE SOSA, JUAN 1110 BRICKELL AVE. SUITE 504 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RIOS, RAFAEL 14936 SW 104TH STREET #23 MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**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)(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:

RAFAEL RIOS, MANAGER MAR. 22.04

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

Date

Day me Phone #