

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 27, 2004 8:00 am
Secretary of State

01-27-2004 90019 030 ****50.00

DOCUMENT # L01000010519

1. Entity Name
COLO CONSULTANTS, LLC



Principal Place of Business
**2620 SW 27TH AVE.
MIAMI, FL 33133-3005**

Mailing Address
**2620 SW 27TH AVE.
MIAMI, FL 33133-3005**

24003922



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01122004

Chg-LLC

CR2E083 (10/03)

4. FEI Number

65-1118862

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PERLMAN, JASON E
500 EAST BROWARD BLVD. SUITE 1400
FT. LAUDERDALE, FL 33394**

7. Name and Address of New Registered Agent

Name **ESTHER SUNDAY**

Street Address (P.O. Box Number is Not Acceptable)

2620 SW 27th Avenue

City **Miami**

FL

Zip Code
33133

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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **D** ☒ Delete
NAME **RAMOS, OLUKAYODE A**
STREET ADDRESS **2620 SW 27TH AVENUE**
CITY-ST-ZIP **MIAMI, FL 33133**

TITLE **D** ☒ Delete
NAME **CHAIKEN, BRIAN**
STREET ADDRESS **2620 SW 27TH AVENUE**
CITY-ST-ZIP **MIAMI, FL 33133**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

Managing Member ☒ Change ☐ Addition
NAME **Ramos, Olukayode**
STREET ADDRESS **2620 SW 27th Avenue, Miami, FL. 33133**
CITY-ST-ZIP

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

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

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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 #