


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L01000010963 1. Entity Name ERMA CONSULTING, LLC |  |
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|---|---|
| Principal Place of Business 7901 NW 67TH STREET MIAMI, FL 33166 | Mailing Address 7901 NW 67TH STREET MIAMI, FL 33166 |
|---|---|



01202004 No Chg-LLC

CR2E083 (10/03)

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| 4. FEI Number 65-1136768 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent ORDONEZ, JUAN 14820 SW 144TH TERRACE MIAMI, FL 33196 |
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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 ANGULO, ERNESTO 8310 N.W. 10 ST. APT. J-10 MIAMI, FL 33126 |
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02/12/04-80018-018 50.00

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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:

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

Date

Daytime Phone #

02/09/04 305 281 9914