

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000012855

1. Entity Name
DADELAND SPIRAL CT, L.L.C.



Principal Place of Business
**7867 N. KENDALL DR., STE. 120
MIAMI, FL**

Mailing Address
**7867 N. KENDALL DR., STE. 120
MIAMI, FL**

DO NOT WRITE IN THIS SPACE



03182004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-1143051

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RUBEN, LLERA
9390 SW 117TH TERRACE
MIAMI, FL 33156**

**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
**MGRM
LLERA, RUBEN
9390 S.W. 117TH TERRACE
MIAMI, FL 33176**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
PARTNERS IN IMAGING, INC.
6423 N.W. 82ND AVE.
PARKLAND, FL 33067**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
TROP AUER, IMAGING INC
7867 N KENDALL DR #120
MIAMI, FL 33156**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

100000107653
04/09/04-80023-019 50.00

**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: _____

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

Date

Daytime Phone #

RUBEN LLERA

4/5/04

305-270-6001