2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000013368

1. Entity Name
CAYON, LLC

Principal Place of Business	Mailing Address
782 NW LEJEUNE RD., STE. 548 MIAMI, FL 33126	782 NW LEJEUNE RD., STE. 548 MIAMI, FL 33126

DO NOT WRITE IN THIS SPACE

03222004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
37-1432469

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MARQUEZ, JOSE M
782 NW LEJEUNE RD., STE. 548
MIAMI, FL 33126

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

000000097289
03/26/04-80033-008 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	HERRAN, MANUEL A
STREET ADDRESS	782 NW LEJEUNE RD., STE. 548
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	MGRM
NAME	HERRAN, JOSE A
STREET ADDRESS	782 NW LEJEUNE RD., STE. 548
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	MGRM
NAME	HERRAN, ANA MARI
STREET ADDRESS	782 NW LEJEUNE RD., STE. 548
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	MGRM
NAME	HERRAN, EZEQUIEL
STREET ADDRESS	782 NW LEJEUNE RD., STE. 548
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	MGRM
NAME	HERRAN, ANTOLIN
STREET ADDRESS	782 NW LEJEUNE RD., STE. 548
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Manuel Herran 3/22/04 305-559-3731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #