2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L01000014903

1. Entity Name
THE GRANDE FAMILY, LLC

Principal Place of Business	Mailing Address
2414 SW 8TH STREET C/O CARLOS M. GRANDE MIAMI, FL 33135	2414 SW 8TH STREET C/O CARLOS M. GRANDE MIAMI, FL 33135

DO NOT WRITE IN THIS SPACE

04192004 No Chg-LLC   CR2E083 (10/03)

4. FEI Number		Applied For
65-1135026		Not Applicable
5. Certificate of Status Desired	☐	**$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ARAZOZA, CARLOS F
2414 SW 8TH STREET
C/O CARLOS M. GRANDE
MIAMI, FL 33135

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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_____

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

U00000124832
04/22/04-80061-009 50.00

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGR	
NAME	GRANDE, CARLOS M	
STREET ADDRESS	2414 SW 8TH STREET	
CITY-ST-ZIP	MIAMI, FL 33135	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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: _____   04/19/04   306-642-4621

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #