

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90276 039 ****50.00

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L01000015377

1. Entity Name
NICO DEVELOPER, L.L.C.



Principal Place of Business
1135 97TH STREET UNIT 5
BAY HARBOR ISLANDS, FL 33154

Mailing Address
MCO: 593, 4440 NW 73 AVENUE
MIAMI, FL 33166

24017212



2. Principal Place of Business
169 E. FLAGLER ST.
Suite, Apt. #, etc. 1534

3. Mailing Address
169 E. FLAGLER ST.
Suite, Apt. #, etc. 1534

03042004 Chg-LLC CR2E083 (10/03)

City & State
MIAMI, FL

City & State
MIAMI FL

4. FEI Number
65-1137807

Applied For
Not Applicable

Zip
33131

Country

Zip
33131

Country

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

6. Name and Address of Current Registered Agent

CUEVAS, ANDREW ESQ
536 BILTMORE WAY
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name JOSE NILENBOIM
Street Address (P.O. Box Number is Not Acceptable)
169 E. FLAGLER ST. - SUITE 1534
City MIAMI FL Zip Code 33131

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)

03-04-04

DATE

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME GUTIERREZ, ANTONIO
STREET ADDRESS 3718 NW 12TH TERR
CITY-ST-ZIP MIAMI, FL 33126

TITLE MGR ☐ Delete
NAME GUTIERREZ, SORAYA
STREET ADDRESS AV 148 #57-37 URB. RICUTER
CITY-ST-ZIP MARACAIBO VENEZUELA, 4002

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

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

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

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

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CITY-ST-ZIP

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 606, Florida Statutes.

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

Date

Daytime Phone #

03-04-04