

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Sep 02, 2005 08:00 AM  
Secretary of State

DOCUMENT # L01000017137

1. Entity Name

EFCOAWARDS, LLC



Principal Place of Business

4800 NW 167TH ST  
MIAMI FL 33014

Mailing Address

4800 NW 167TH ST  
MIAMI FL 33014



2. Principal Place of Business

4800 NW 167th St.

3. Mailing Address

Suite

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

FL

Zip

33014

Country

USA

Zip

Suite

Country

STATE

2nd MOORE

CR2E083 (5/05)

4. FEI Number

65-1147601

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FROELICH, LESLIE J  
4800 NW 167TH ST  
MIAMI FL 33014

7. Name and Address of New Registered Agent

Name

N/A

Street Address (P.O. Box Number is Not Acceptable)

City

N/A

FL

Zip Code

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRD ☐ Delete  
NAME FROELICH, ABRAHAM D  
STREET ADDRESS 4800 NW 16TH ST  
CITY- ST- ZIP MIAMI FL 33014

TITLE PTD ☐ Delete  
NAME FROELICH, LESLIE J  
STREET ADDRESS 4800 NW 16TH ST  
CITY- ST- ZIP MIAMI FL 33014

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

☐ Change ☐ Addition  
U000000377607  
09/07/05-80001-010 50.00

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

Leslie J. Froelich

9/31/05