

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000017551 1. Entity Name NYC2MIA, L.L.C.	
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Principal Place of Business 4290 SW 4TH STREET MIAMI, FL 33134	Mailing Address 4290 SW 4TH STREET MIAMI, FL 33134
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01082004No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1147920	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CORDERO, ANA DIAZ 9485 SUNSET DR., A-292 MIAMI, FL 33173

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

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTINEZ, PATRICIA L 323 SW 48TH CT. MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTINEZ, GABRIELA R 4240 SW 4TH ST. MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTINEZ, OSCAR 4290 SW 4TH STREET MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTINEZ, NELIDA 4290 SW 4TH STREET MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/03/04-80179-018 50.00

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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: *Osas Martinez* 4-28-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #