

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L01000020593

1. Entity Name

SAMPLE ROAD PLAZA, L.L.C.



Principal Place of Business

12919 NW 22ND MANOR  
PEMBROKE PINES FL 33028

Mailing Address

12919 NW 22ND MANOR  
PEMBROKE PINES FL 33028

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

AGUDO, JOHN J  
10000 STIRLING ROAD #5  
COOPER CITY FL 33024

7. Name and Address of New Registered Agent

Name

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

City

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 May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME AGUDO, JOHN J PRES  
STREET ADDRESS 12919 NW 22 MANOR  
CITY - ST - ZIP PEMBROKE PINES FL 33028

TITLE MGRM ☐ Delete  
NAME AGUDO, JANICE VP  
STREET ADDRESS 12919 NW 22 MANOR  
CITY - ST - ZIP PEMBROKE PINES FL 33028

TITLE MGRM ☐ Delete  
NAME AGUDO, JANICE SEC  
STREET ADDRESS 12919 NW 22 MANOR  
CITY - ST - ZIP PEMBROKE PINES FL 33028

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  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 608, Florida Statutes.

SIGNATURE:

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

JOHN J. AGUDO

2-10-04

305-936-7862

Date

Daytime Phone #

**FILED**  
**Feb 16, 2004 08:00 AM**  
**Secretary of State**



MOORE CR2E083 (11/03)

4. FEI Number NO-T APPLICABLE

Applied For  
Not Applicable

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

1000000054894

02/17/04-80014-020 \$5.00