2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000020659

1. Entity Name
RATMIROFF & COMPANY, LLC

Principal Place of Business	Mailing Address
RATMIROFF & COMPANY, LLC 3750 NW 114 AV #6 MIAMI, FL 33178	3750 NW 114 AV #6 MIAMI, FL 33178

04142004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1156399
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RATMIROFF, ALFREDO
3750 NW 114 AVE. #6
MIAMI, FL 33178

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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 _____ 04/15/04.
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

U00000119066
04/19/04-80085-016 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	RATMIROFF, ALFREDO
STREET ADDRESS	410 JEFFERSON DR. #305
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	MGRM
NAME	RATMIROFF, IVONNE
STREET ADDRESS	6097 BALBOA CIRCLE
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	MGRM
NAME	RATMIROFF, JOANNA
STREET ADDRESS	6881 N GRANDE DRIVE
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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: _____ 04/15/04 (305)599-3824.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #