

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 25, 2004 08:00 AM
Secretary of State

DOCUMENT # LG1000020925

1. Entity Name
3647 MATHESON, LLC



Principal Place of Business
**14936 S.W. 104TH STREET #23
MIAMI, FL 33196**

Mailing Address
**14936 S.W. 104TH STREET #23
MIAMI, FL 33196**

DO NOT WRITE IN THIS SPACE



03222004 No Chg-LLC

CR2E0E3 (10/03)

4. FEI Number
65-1157943

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$ 5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LEONARDO, JOSE J ESQ.
12515 N. KENDALL DRIVE SUITE 222
MIAMI, FL 33186**

**DO NOT WRITE
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

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**

11000000096464
03/25/04-80031-001 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DE SOSA, JUAN 1110 BRICKELL AVE. SUITE 504 MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RIOS, RAFAEL 14936 S.W. 104TH STREET #23 MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MRG URIBE, DIEGO 3982 POINCIANA CLOSE ROAD MIAMI, FL 33133
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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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)(f), 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:

RAFAEL RIOS, MANAGER MAR 22, 04

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

Date

Day me Phone #