

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90012 030 ****50.00

DOCUMENT # L01000021377

1. Entity Name

3262 ENERGY, L.L.C.



Principal Place of Business

9000 SHERIDAN ST.
SUITE 132
PEMBROKE PINES FL 33024

Mailing Address

9000 SHERIDAN ST.
SUITE 132
PEMBROKE PINES FL 33024



2. Principal Place of Business

3. Mailing Address

9000 Sheridan Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 136

City & State

City & State

Pembroke Pines, FL

Zip

Country

Zip

Country

33024

USA

1st MOORE

CR2E083 (10/04)

4. FEI Number

26-0005802

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEUTSCH, STEVEN ESQ.
C/O FRANK, WEINBERG & BLACK, P.L.
7805 S.W. 6TH CT.
PLANTATION FL 33324

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, 2005

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME CRUZ, CLEMENTE E
STREET ADDRESS 9000 SHERIDAN STREET, SUITE 132
CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE MGR ☒ Change ☐ Addition
NAME CRUZ, CLEMENTE E.
STREET ADDRESS 9000 Sheridan Street, Suite 136
CITY-ST-ZIP Pembroke Pines, FL, 33024

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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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

Date

Daytime Phone #