

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90085 014 \*\*\*\*\*50.00

**DOCUMENT # L02000001579**

1. Entity Name  
**ANDRIELA, L.L.C.**



Principal Place of Business

**SUITE 200 GRAND BAY PLAZA  
2665 SOUTH BAYSHORE DRIVE  
MIAMI, FL 33133**

Mailing Address

**SUITE 200 GRAND BAY PLAZA  
2665 SOUTH BAYSHORE DRIVE  
MIAMI, FL 33133**



04262004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**43-1976172**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**DELGADO, ROLANDO  
SUITE 200 GRAND BAY PLAZA  
2665 SOUTH BAYSHORE DRIVE  
MIAMI, FL 33133**

**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**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	DELGADO, ROLANDO
STREET ADDRESS	2665 S BAYSHORE DR #200
CITY - ST - ZIP	MIAMI, FL 33133

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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NAME	
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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)(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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Rolando Delgado* **4/27/04** **(305) 285-0800**