

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90052 006 \*\*\*\*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**

**20051295**



2. Principal Place of Business  
**2950 SW 27<sup>th</sup> Avenue**

3. Mailing Address  
**2950 SW 27<sup>th</sup> Ave**

Suite, Apt. #, etc.  
**Suite # 300**

Suite, Apt. #, etc.  
**Suite # 300**

04152005 Chg-LLC CR2E083 (10/03)

City & State  
**Miami Florida**

City & State  
**Miami Florida**

4. FEI Number  
**43-1976172**

Applied For  
☐ Not Applicable

Zip  
**33133**

Country  
**USA**

Zip  
**33133**

Country  
**USA**

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

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

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

Name

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

City

**FL**

Zip Code

**7. Name and Address of New Registered Agent**

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, 2005**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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 MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**ROLANDO DELGADO, 4/20/05**