

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 17, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000001745

1. Entity Name
SANDTURTLE, L.L.C.



Principal Place of Business
3201 N.W. 72 AVENUE
MIAMI, FL 33122

Mailing Address
3201 N.W. 72 AVENUE
MIAMI, FL 33122



01062004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MURAI WALD BIONDO & MORENO, P.A.
25 S.E. 2 AVENUE
SUITE 900
MIAMI, FL 33131

**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**

U00000054892
02/17/04-80018-022 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	DE LA CRUZ, CARLOS M SR.
STREET ADDRESS	3201 N.W. 72 AVENUE
CITY - ST - ZIP	MIAMI, FL 33122
TITLE	MGRM
NAME	DE LA CRUZ, ROSA R
STREET ADDRESS	3201 N.W. 72 AVENUE
CITY - ST - ZIP	MIAMI, FL 33122
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)(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 #

Carlos M. de la Cruz 2/4/2004 (305) 599-2337