

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000002477

1. Entity Name
BLOOMING ROSE FARM, LLC



Principal Place of Business

**2550 N.W. 72 AVE
SUITE 211
MIAMI, FL 33122**

Mailing Address

**2550 N.W. 72 AVE
SUITE 211
MIAMI, FL 33122**

DO NOT WRITE IN THIS SPACE



03182004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
04-3600291

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BUITRON, SAGE
12843 N.W. 22ND MANOR
PEMBROKE PINES, FL 33028**

**DO NOT WRITE
IN THIS SPACE**

B. 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
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRP
BUITRON, CARLOS A
12843 N.W. 22ND MANOR
PEMBROKE PINES, FL 33028**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
MALIK, SALEEM
12843 N.W. 22ND MANOR
PEMBROKE PINES, FL 33028**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
FERNANDEZ TERAN, GUSTAVO
12843 N.W. 22ND MANOR
PEMBROKE PINES, FL 33028**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

UD00000103987
04/05/04-80073-002 50.00

**DO NOT WRITE
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 Buitron Pres. 3/29/04 305-437-8336