


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 14, 2004 8:00 am**  
**Secretary of State**

07-14-2004 90060 005 \*\*\*\*50.00

**DOCUMENT # L02000002732**

1. Entity Name  
 CYLINDERS & VALVES DEPOT, LLC



Principal Place of Business  
 2950 N.W. 24TH ST.  
 MIAMI, FL 33142


Mailing Address  
 2950 N.W. 24TH ST.  
 MIAMI, FL 33142

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country



07102004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
 04-3601088

Applied For  
 Not Applicable

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

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

WILLIAMS, XAVIER  
 2950 NW 24 ST.  
 MIAMI, FL 33142

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**Filing Fee is \$50.00 Due by September 8, 2004**

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	WILLIAMS, XAVIER	
STREET ADDRESS	2950 N.W. 24TH ST.	
CITY-ST-ZIP	MIAMI, FL 33142	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	JORDAN, BARRY B	
STREET ADDRESS	2950 N.W. 24TH ST.	
CITY-ST-ZIP	MIAMI, FL 33142	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**10. ADDITIONS/CHANGES**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:** X. Williams **7/12/04 305-255-1005**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #