

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90117 017 ****50.00

DOCUMENT # L02000003080 1. Entity Name DOOR TO DOOR SERVICES, LLC					
Principal Place of Business 10300 NORTHWEST 19TH ST., STE. 109 MIAMI, FL 33172			Mailing Address 10300 NORTHWEST 19TH ST., STE. 109 MIAMI, FL 33172		
2. Principal Place of Business 5209 N.W. 74 AVENUE Suite, Apt. #, etc. 213		3. Mailing Address 5209 N.W. 74 AVENUE Suite, Apt. #, etc. 213			
City & State MIAMI, FLORIDA Zip 33166		City & State MIAMI, FLORIDA Zip 33166		4. FEI Number APPLIED FOR 043598968 Applied For ☐ Not Applicable ☒	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ State 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VELA, JUAN CARLOS 10300 NORTHWEST 19TH ST., STE. 109 MIAMI, FL 33172	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VELA, JUAN CARLOS 5209 N.W. 74 AVENUE (213) MIAMI, FL 33166	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NUONNO, MARIO 10300 NORTHWEST 19TH ST., STE. 109 MIAMI, FL 33172	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VELA, GONZALO 10300 NORTHWEST 19TH ST., STE. 109 MIAMI, FL 33172	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VELA, GONZALO 5209 N.W. 74 AVENUE (213) MIAMI, FL 33166	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: <u><i>Juan Carlos Vela</i></u>			2/05/2004		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date: _____ Daytime Phone # _____		