

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 03, 2005 8:00 am**  
**Secretary of State**

03-03-2005 90027 023 \*\*\*\*50.00

**DOCUMENT # L02000003298**

1. Entity Name  
LOOPI-TA, L.L.C.



Principal Place of Business  
2548 COCO PLUM BLVD., #702  
BOCA RATON, FL 33496

Mailing Address  
2548 COCO PLUM BLVD., #702  
BOCA RATON, FL 33496

**20017978**



02012005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
~~APPLIED FOR~~ 84-1661116 Applied For Not Applicable

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

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

GREENBERG & STRELITZ, P.A.  
4800 NORTH FEDERAL HIGHWAY, STE 304-D  
BOCA RATON, FL 33431

**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 \_\_\_\_\_ (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 MGRM  
NAME CAPRILES DE CASTRO, GUADALUPE L ☐ Delete  
STREET ADDRESS 2548 COCO PLUM BLVD., #702  
CITY-ST-ZIP BOCA RATON, FL 33496

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  
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STREET ADDRESS  
CITY-ST-ZIP

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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: *Guadalupe Capriles de Castro*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/26/05 561 994-3743  
Date Daytime Phone #