

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 29, 2004 8:00 am
Secretary of State

06-29-2004 90057 010 ****50.00

DOCUMENT # L02000005239

1. Entity Name
CHIMOL CHOCRON D'EUROPA, LLC



Principal Place of Business
**18660 COLLINS AVENUE
SUITE 104
SUNNY ISLES BEACH, FL 33160**

Mailing Address
**18660 COLLINS AVENUE
SUITE 104
SUNNY ISLES BEACH, FL 33160**

14024460



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05282004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

APPLIED FOR 20-0787565

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CHOCRON
CHOCROW, CHIMOL
18660 COLLINS AVENUE
SUITE 104
SUNNY ISLES BEACH, FL 33160**

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

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 September 8, 2004**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
CHOCRON, CHIMOL
18660 COLLINS AVE., #104
SUNNY ISLES BEACH, FL 33160** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
CHOCRON, SADIA
18660 COLLINS AVE., #104
SUNNY ISLES BEACH, FL 33160** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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:

Chimol Chocron

CHIMOL CHOCRON

5/27/04

305-932-5400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #