## **2005 LIMITED LIABILITY COMPANY** ANNUAL REPORT

## Apr 12, 2005 8:00 am Secretary of State **DOCUMENT # L02000006005** 1. Entity Name 04-12-2005 90016 020 \*\*\*\*50.00 RIGHT MIX INVESTMENTS, LLC Principal Place of Business Mailing Address 9305 SW 122 LANE 9305 SW 122 LANE LUUNUIV MIAMI, FL 33176 MIAMI, FL 33176 US 2. Principal Place of Business 3. Mailing Address 13600 SW 80 C 13600 SW 80 ct Suite, Apt. #, etc. 02072005 Chg-LLC CR2E083 (10/03) City & State 4. FEI Number Applied For PALMETTO BAY 45-0468829 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LLORD, MARIA A Street Address (P.O. Box Number is Not Acceptable) 9305 SW 122 LANE 3600 JW 80 CI MIAMI, FL 33176 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, 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, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES 76RN MGRM TITLE ☐ Delete TITLE ☐ Addition MARIA LLORD, 13600 SW 80CT PALMETTO BAY FL 33/58 LLORD, MARIA A NAME MARIA NAME STREET ADDRESS 9305 SW 122 LANE STREET ADDRESS MIAMI, FL 33176 CITY-ST-ZIP CITY-ST-ZIP **MGRM** MGRM PADRON, WILFREDOR TITLE ☐ Delete TITLE ☐ Addition PADRON, WILFREDO R MASSE NAME STREET ADDRESS 9401 SW 84 CT STREET ADDRESS 5000 SW 73TERR-MIANI FL 331 CITY-ST-ZIP MIAMI, FL 33156 CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE ☐ Addition Change MGRM PADRON, MARITZA NAME NAME PADRON, MARITZA STREET ADDRESS 9401 SW 84 CT STREET ADDRESS 5000 SW73 TEAR CITY-ST-7IP MIAMI, FL 33156 CITY-ST-7IP MIANI FL 33143 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 ingreceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**FILED**