

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90451 042 ****55.00

DOCUMENT # L02000007142 1. Entity Name AQUI ESTA, LLC					
Principal Place of Business 318 TAMIAMI TRAIL 14 PUNTA GORDA, FL 33950			Mailing Address 2704 HIBISCUS COURT PUNTA GORDA, FL 33950		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
04012004 Chg-LLC CR2E083 (10/03)				4. FEI Number APPLIED FOR 03-0423572	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PALMER, RICHARD D 318 TAMIAMI TRAIL 14 PUNTA GORDA, FL 33950			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, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AQUI ESTA MANGEMENT 318 TAMIAMI TRAIL 14 PUNTA GORDA, FL 33950	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AQUI ESTA MANGEMENT 318 TAMIAMI TRAIL 14 PUNTA GORDA, FL 33950	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AQUI ESTA MANGEMENT 318 TAMIAMI TRAIL 14 PUNTA GORDA, FL 33950	☐ Change ☐ Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AQUI ESTA MANGEMENT 318 TAMIAMI TRAIL 14 PUNTA GORDA, FL 33950	☐ 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:		Norman VanGucht 4/14/04 941.505-1748			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					