

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

04-12-2004 90031 045 ****50.00

DOCUMENT # L02000007393

1. Entity Name

CORONA DEL MAR, L.L.C.



Principal Place of Business

3601 NE 207 ST
APT 1103
MIAMI FL 33180

Mailing Address

3601 NE 207 ST
APT 1103
MIAMI FL 33180

24040006



MOORE CR2E083 (11/03)

2. Principal Place of Business

(same) 3601 NE 207 ST

3. Mailing Address

(same) 3601 NE 207 ST

Suite, Apt. #, etc.

1103

Suite, Apt. #, etc.

1103

City & State

Miami

City & State

Miami

Zip

FL

Country

33180

Zip

FL

Country

33180

4. FEI Number

02-0591502

Applied For

Not Applicable

5. Certificate of Status Desires ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

COTTON, FLORENCE
3601 NE 207 ST
APT 1103
MIAMI FL 33180

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR ☐ Delete
NAME: COTTON, FLORENCE
STREET ADDRESS: 3601 NE 207 ST #1103
CITY-ST-ZIP: MIAMI FL 33180

TITLE: MGR ☐ Delete
NAME: COTTON, ALBERTO A
STREET ADDRESS: 3601 NE 207 ST #1103
CITY-ST-ZIP: MIAMI FL 33180

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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CITY-ST-ZIP:

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CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
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:

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

Cotton Florencio

04-26-04

Date

Daytime Phone #