

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90429 005 ****50.00

DOCUMENT # L02000007462

1. Entity Name
BOMBOM CAFE, LLC



Principal Place of Business
444 BRICKELL AVENUE, SUITE 421
MIAMI, FL 33131

Mailing Address
444 BRICKELL AVENUE, SUITE 421
MIAMI, FL 33131



2. Principal Place of Business
444 BRICKELL AVENUE

3. Mailing Address
444 BRICKELL AVENUE

Suite, Apt. #, etc.
SUITE 415

Suite, Apt. #, etc.
SUITE 415

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

Zip Country
33131-2405 USA

Zip Country
33131-2405 USA

03092004 Chg-LLC CR2E083 (10/03)

4. FEI Number
01-0658001

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TAVARES, CHARLES
444 BRICKELL AVENUE, SUITE 421
MIAMI, FL 33131

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 May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **TAVARES, CHARLES**
STREET ADDRESS **444 BRICKELL AVENUE, SUITE 421**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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 **MGR** ☒ Change ☐ Addition
NAME **CHARLES TAVARES**
STREET ADDRESS **444 BRICKELL AVENUE, STE 415**
CITY-ST-ZIP **MIAMI, FLORIDA 33131-2405** ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition
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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

Date

Daytime Phone #

3/9/04 305 3710707