

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000008830

1. Entity Name
JUNCO HOLDINGS, L.L.C.



Principal Place of Business
C/O HECTOR JUNCO
12300 SW 2ND STREET
PLANTATION, FL 33325

Mailing Address
C/O HECTOR JUNCO
12300 SW 2ND STREET
PLANTATION, FL 33325



03312004No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0417551

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KRAMER, ROBERT M
4000 HOLLYWOOD BOULEVARD, SUITE 485 SOUTH
HOLLYWOOD, FL 33021

**DO NOT WRITE
IN THIS SPACE**

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

104-05-04

**Filing Fee is \$50.00
Due by May 1, 2004**

UNRECORDED
04/09/04-80013-DOT 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
JUNCO, HECTOR
12300 SW 2ND STREET
PLANTATION, FL 33325

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
JUNCO, AIDA
12300 SW 2ND STREET
PLANTATION, FL 33325

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

104-05-04 1954-472-8589