

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000010340

1. Entity Name  
SANIRENT FLORIDA LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAY -9 AM 8:18

Principal Place of Business  
2665 S. BAYSHORE DRIVE, SUITE 703  
MIAMI, FL 33133

Mailing Address  
2665 S. BAYSHORE DRIVE, SUITE 703  
MIAMI, FL 33133

*[Handwritten signature]*



03012005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
42-1535607

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WORLD CORPORATE SERVICES, INC.  
2665 SOUTH BAYSHORE DRIVE, SUITE 703  
MIAMI, FL 33133

**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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BAEZ GOMEZ, MAURICIO 2665 SOUTH BAYSHORE DRIVE, SUITE 703 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HEGEWISCH, GUSTAVO 2665 SOUTH BAYSHORE DRIVE, STE. 703 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARVIZU, ERENDIRA 2665 S. BAYSHORE DRIVE, SUITE 703 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOPEZ, RAUL 2665 S. BAYSHORE DRIVE, SUITE 703 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PASQUEL, JAVIER 2665 SOUTH BAYSHORE DRIVE, SUITE 703 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/10/05--01070--004, \*\*600.00

**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.

Raul Lopez

3/1/05 (305) 858-9900

**SIGNATURE:** \_\_\_\_\_

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

Date

Daytime Phone #