

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90149 017 ****50.00

DOCUMENT # L02000011432

1. Entity Name
THE INVESTIGATION FIRM, LLC



Principal Place of Business
**1390 NW 16TH ST.
MIAMI, FL 33125**

Mailing Address
**1390 NW 16TH ST.
MIAMI, FL 33125**

24064434



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04272004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
32-0017524

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPCO, INC.
2699 SOUTH BAYSHORE DR., SEVENTH FLOOR
MIAMI, FL 33133**

Name

Richard Arenas

Street Address (P.O. Box Number is Not Acceptable)

1390 NW 16 Street

City

Miami

FL

33125

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, or registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-04

**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 **MGR** ☐ Delete
NAME **A ABACUS BAIL BONDS, INC.**
STREET ADDRESS **1390 NW 16TH ST.**
CITY-ST-ZIP **MIAMI, FL 33125**

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

TITLE **MGR** ☐ Delete
NAME **RICK'S BAIL BONDS, INC.**
STREET ADDRESS **1390 NW 16TH ST.**
CITY-ST-ZIP **MIAMI, FL 33125**

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

TITLE **MGR** ☐ Delete
NAME **YOSVANI ALFONSO BAIL BOND AGENCY, INC.**
STREET ADDRESS **1390 NW 16TH ST.**
CITY-ST-ZIP **MIAMI, FL 33125**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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 #

4-28-04 (S) 575-9888