

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90286 047 ****50.00

DOCUMENT # L02000011775

1. Entity Name

ALLENDE & BREA LLC



Principal Place of Business

**201 SOUTH BISCAYNE BLVD.
34TH FLOOR
MIAMI FL 33131**

Mailing Address

**201 SOUTH BISCAYNE BLVD.
34TH FLOOR
MIAMI FL 33131**

20008253



1st MOORE

CR2E083 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

73-1643621

Applied For

Not Applicable

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

**MELHEM, PABLO A
201 SOUTH BISCAYNE BLVD., 34TH FL
MIAMI FL 33131**

Name

DANIEL KORN

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

201 South Biscayne Blvd., 34th floor

City

Miami

FL

Zip Code

33131

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

Daniel Korn, **DANIEL KORN**

January 21, 2005

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

SEE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **MARZORATI, OSVALDO J**
STREET ADDRESS **C/O GEORGE R. FUNARO & CO. ONE PENN PLZ**
CITY-ST-ZIP **NEW YORK NY 10119**

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

TITLE ☐ Delete
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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:

OSVALDO MARZORATI

1/28/05

305 351 0780

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

Date

Daytime Phone #