

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90210 023 ****50.00

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1. Entity Name
RESTREPO FAMILY ENTERPRISES, LLC



Principal Place of Business
**13715 77TH PL. N.
WEST PALM BEACH, FL 33412**

Mailing Address
**13715 77TH PL. N.
WEST PALM BEACH, FL 33412**

24010042



02022004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3870218

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DONELON, THOMAS
~~560 VILLAGE BLVD, STE. 335~~ **515 N. FLAGLER DR.**
WEST PALM BEACH, FL 33409 **STE. 300 - P**
33401

**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: *Thomas Donelon* **THOMAS DONELON, CPA (CHANGE OF ADDRESS)** 2/1/04
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**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
RESTREPO, HERNAN ANTONIO
1433 WHITE PINE DR.
WELLINGTON, FL 33414**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
RESTREPO, CYNTHIA P
1433 WHITE PINE DR.
WELLINGTON, FL 33414**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *Thomas Donelon*

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

2/1/04 (561) 822-4140

Date

Daytime Phone #