

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 02, 2004 8:00 am
Secretary of State

06-02-2004 90342 003 ****50.00

DOCUMENT # L02000013532

1. Entity Name

ORLAM SONORA LLC



Principal Place of Business

3442 SW 154TH CT
MIAMI FL 33185

Mailing Address

3442 SW 154TH CT
MIAMI FL 33185

2. Principal Place of Business

3442 SW 154 CT

Suite, Apt. #, etc.

3. Mailing Address

3442 SW 154 CT

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33185

Country

USA

Zip

33185

Country

USA

4. FEI Number

82-0555306

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SONORA, ORLAM
3442 SW 154TH CT
MIAMI FL 33185

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 8, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	PDS	<input checked="" type="checkbox"/> Delete
NAME	ORLANDO JONORA	wrong
STREET ADDRESS	3443 SW 154 ST	
CITY-ST-ZIP	MIAMI FL 33185	
TITLE	President	<input type="checkbox"/> Delete
NAME	Orl	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Orlam Sonora	
STREET ADDRESS	3442 SW 154 CT	
CITY-ST-ZIP	Miami FL 33185	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Angeles Sonora	
STREET ADDRESS	3442 SW 154 CT	
CITY-ST-ZIP	Miami FL 33185	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 #

5/20/04 3057936065