

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Mar 01, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000013986	
1. Entry Name LOSCH LLC	

Principal Place of Business 15388 SW 113TH TERR. MIAMI, FL 33196 US	Mailing Address 15388 SW 113TH TERR. MIAMI, FL 33196 US
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02192004No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0455296	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent LOPEZ, M. KRISTABEL 15388 SW 113TH TERR. MIAMI, FL 33196	
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**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 _____ (NOTE: Registered Agent signature required when reissuing) _____ DATE _____

Filing Fee is \$50.00
Due by May 1, 2004

CK # 327
WASHINGTON MUTUAL

U000000072540
03/01/04-80115-007 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHIEBEL, CLAUDIA M 945 NW 128TH CT. MIAMI, FL 33182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOPEZ, ADOLFO D 15388 SW 113TH TERR. MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHIEBEL, LUIS 945 NW 128TH CT. MIAMI, FL 33182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOPEZ, M. KRISTABEL 15388 SW 113TH TERR. MIAMI, FL 33196
TITLE NAME STREET ADDRESS 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: M. KRISTABEL LOPEZ 2/25/04 305 179-5528
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

mailed 2.25.04