

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

03-03-2004 90151 039 ****50.00

DOCUMENT # L02000015483

1. Entity Name

EL PASO, LLC



Principal Place of Business

241, SEVILLA AVENUE
SUITE 302
CORAL GABLES FL 33134

Mailing Address

PO BOX 0141873
CORAL GABLES FL 33134

2. Principal Place of Business

201 Sevilla Ave
Suite, Apt. #, etc.
Suite # 202

3. Mailing Address

Suite, Apt. #, etc.

City & State

Coral Gables, FL

City & State

Zip

33134

Country

U.S.A.

Zip

Country

4. FEI Number

65-1163439

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ-GALARRAGA, JORGE
1313 PONCE DE LEON BLVD., STE 301
CORAL GABLES FL 33134

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 May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME ABRANTE, JOSE A SR
STREET ADDRESS PO BOX 0141873
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE MGR ☐ Delete
NAME ABRANTE, JR, JOSE A
STREET ADDRESS PO BOX 0141873
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE MGR ☐ Delete
NAME ABRANTE, ALBERTO R
STREET ADDRESS 9360 S.W. 66TH STREET
CITY-ST-ZIP MIAMI FL 33173

TITLE MGR ☐ Delete
NAME SERVITUE-MONTULL, LORENZO
STREET ADDRESS FRESNO #70, APT 1-B COLONIA PALO ALTO
CITY-ST-ZIP MEXICO DISTRITO FEDERAL, MX MX

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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

José A. Abrante

Date

Daytime Phone #

02/27/04 305-445-2610