

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 31, 2005 08:00 AM
Secretary of State**

DOCUMENT # L02000015513

1. Entity Name
SUGUIL L.C.



Principal Place of Business
**16123 BISCAYNE BOULEVARD
NORTH MIAMI BEACH, FL**

Mailing Address
**16123 BISCAYNE BOULEVARD
NORTH MIAMI BEACH, FL**



01242005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number
42-1539468

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HANFLING, GUILLERMO
16123 BISCAYNE BOULEVARD
NORTH MIAMI BEACH, FL 33160**

**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 _____

Signature typed or printed name of registered agent and file # if applicable

(NOTE: Registered Agent signature required when re-staffing)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**MGRM
HANFLING, GUILLERMO
16123 BISCAYNE BOULEVARD
NORTH MIAMI BEACH, FL 33160**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**MGRM
HANFLING, SUZANNE
16123 BISCAYNE BOULEVARD
NORTH MIAMI BEACH, FL 33160**

TITLE
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STREET ADDRESS
CITY ST ZIP

TITLE
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000000206704
02/01/05-80016-006 50.00

**DO NOT WRITE
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)(f), 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, OR AUTHORIZED REPRESENTATIVE

Date _____

Daytime Phone # _____