

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000016969

1. Entity Name

GABELCO, LLC



Principal Place of Business

**1794 MICANOPY AVENUE
MIAMI FL 33133**

Mailing Address

**1794 MICANOPY AVENUE
MIAMI FL 33133**

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E083 (11/03)

4. FEI Number

03-1640305

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MALOOF, BRIAN A
9190 SUNSET DRIVE
MIAMI FL 33173**

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

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME GARCIA-ALLEN, EDUARDO A
STREET ADDRESS 1794 MICANOPY AVENUE
CITY-ST-ZIP MIAMI FL 33133

☐ Change ☐ Addition
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**
U00000042728
02/10/04-80036-012 50.00

TITLE MGR ☐ Delete
NAME BELTRAN, JOHN E
STREET ADDRESS 12431 S.W. 94 COURT
CITY-ST-ZIP MIAMI FL 33176

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

TITLE ☐ Delete
NAME **STREET ADDRESS** **CITY-ST-ZIP**

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

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☐ Change ☐ Addition
TITLE **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:

Eduardo A. Garcia-Allen

EDUARDO A. GARCIA-ALLEN

2/5/04

(305) 860-2310

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

Date

Daytime Phone #