

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 02, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000017008

1. Entity Name
EDYCA REALTY, LLC



Principal Place of Business
**6955 SOUTHWEST 159TH AVENUE
MIAMI, FL 33193**

Mailing Address
**6955 SOUTHWEST 159TH AVENUE
MIAMI, FL 33193**



02022004No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2366833

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

**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 title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BLANCO, CARLOS B
6955 SOUTHWEST 159TH AVENUE
MIAMI, FL 33193**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
HIRSCH, JUAN
6955 SOUTHWEST 159TH AVENUE
MIAMI, FL 33193**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
VERA, RAFAEL
6955 SOUTHWEST 159TH AVENUE
MIAMI, FL 33193**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
BLANCO, CARLOS B
6955 SOUTHWEST 159TH AVENUE
MIAMI, FL 33193**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000074104
03/03/04-80004-016 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)(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: _____

Carlos Blanco **CARLOS BLANCO, OPERATING MANAGER** 02/23/2004 305-388-3275

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

Date

Daytime Phone #