

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

05-03-2004 90133 002 ****55.00

DOCUMENT # L02000017240

1. Entity Name

TMW, LLC



Principal Place of Business

8000 NW 31 STREET
SUITE 1
MIAMI FL 33122

Mailing Address

8000 NW 31 STREET
SUITE 1
MIAMI FL 33122

2. Principal Place of Business

3191 CORAL WAY

3. Mailing Address

3191 CORAL WAY

Suite, Apt. #, etc.

SUITE # 613

Suite, Apt. #, etc.

SUITE # 613

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33145

Country

Zip

33145

Country

4. FEI Number

03-0473384

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CANACHE, CAROLINA
4555 NW 99TH AVE
APT # 203
MIAMI FL 33178

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 MGRM ☐ Delete
NAME LOPEZ, TULIO J
STREET ADDRESS 4555 NW 99TH AVE, APTO #203
CITY-ST-ZIP MIAMI FL 33178

TITLE MGRM ☒ Delete
NAME DOMINGUEZ, ALI R
STREET ADDRESS 5610 NW 114 PLACE, #105
CITY-ST-ZIP MIAMI FL 33178

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Change ☐ Addition
NAME LOPEZ, TULIO J
STREET ADDRESS 10248 NW 51ST TERRACE
CITY-ST-ZIP MIAMI, FL 33178

TITLE MGRM ☐ Change ☒ Addition
NAME SANCHEZ, JAVIER
STREET ADDRESS 3191 CORAL WAY, SUITE #613
CITY-ST-ZIP MIAMI, FL 33145

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
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

TULIO J. LOPEZ

04/27/04

305-448-7977

Date

Daytime Phone #