

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90141 025 ****50.00

DOCUMENT # L02000019743

1. Entity Name

DUTY FREE U.S., LLC



Principal Place of Business

5521 W SPRUCE
#C-3
TAMPA FL 33607

Mailing Address

9873 BRIDGETON DRIVE
TAMPA FL 33626

2. Principal Place of Business

5402 BEAUMONT CENTRAL BLVD

3. Mailing Address

5402 BEAUMONT CENTRAL BLVD.

Suite, Apt. #, etc.

#108

Suite, Apt. #, etc.

#108

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33634

Country

USA

Zip

33634

Country

USA

MOORE

CR2E083 (11/03)

4. FEI Number

74-3065248

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BOSQUEZ, RAMON
5521 W SPRUCE C-3
TAMPA FL 33607

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

5402 BEAUMONT CENTRAL BLVD. #108

City

TAMPA

FL

Zip Code

33634

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 P ☐ Delete
NAME BOSQUEZ, RAMON
STREET ADDRESS 9873 BRIDGETON DRIVE
CITY-ST-ZIP TAMPA FL 33626

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 5402 BEAUMONT CENTRAL BLVD. #108
CITY-ST-ZIP TAMPA, FL 33634

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

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

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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

Date

Daytime Phone #

Ramon Bosquez 2/25/04 (813) 386-0217