

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

**Feb 24, 2005 08:00 AM
Secretary of State**

DOCUMENT # L02000020370



1. Entity Name

METRO PARTNERSHIP, LLC

Principal Place of Business

**3735 SW 8TH STREET, #105
CORAL GABLES FL 33134**

Mailing Address

**3735 SW 8TH STREET, #105
CORAL GABLES FL 33134**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E083 (10/04)

4. FEI Number

72-1553629

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

**ARAZOZA & FERNANDEZ-FRAGA, P.A.
2100 SALZEDO STREET, STE. 300
CORAL GABLES FL 33134**

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, 2005**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **GARCIA, SERAFIN**
CITY-ST-ZIP **3735 SW 8 ST #105
MIAMI FL 33134**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **1100000241884**
CITY-ST-ZIP **02/24/05-80058-021 50.00**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **ARAGON, HECTOR**
CITY-ST-ZIP **3735 SW 8TH ST #105
MIAMI FL 33134**

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

TITLE ☐ Delete
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☐ Change ☐ Addition
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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 #

2/24/05

315 569 00 56