

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 11, 2004 8:00 am
Secretary of State

05-11-2004 90003 020 ***150.00

DOCUMENT # L02000020522

1. Entity Name
CENTURY HOLDINGS, LLC



Principal Place of Business
**1110 NE 163RD STREET
#7
NORTH MIAMI BEACH, FL 33162**

Mailing Address
**1110 NE 163RD STREET
#7
NORTH MIAMI BEACH, FL 33162**



04302004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3872888

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DESVARENNES, RONY
1110 NE 163RD STREET
#7
NORTH MIAMI BEACH, FL 33162**

**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 reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DESVARCANNES, RONY
1110 NE 167 ST. #107
MIAMI, FL 33162**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
FLEUR, CLEMENT
975 NE 160 ST.
MIAMI, FL 33162**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
NADINE, CHERY
17620 NW 73 AVE. #200
MIAMI, FL 33015**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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:

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

Date

Daytime Phone #