

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

09-02-2004 90005 002 ***150.00

DOCUMENT # L02000021846

1. Entity Name

CTC DEVELOPMENT GROUP, LLC



Principal Place of Business

299 ALHAMBRA CIRCLE STE. 316
CORAL GABLES, FL 33134

Mailing Address

299 ALHAMBRA CIRCLE STE. 316
CORAL GABLES, FL 33134



08302004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

36-4505352

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, ELIO M
299 ALHAMBRA CIRCLE STE. 316
CORAL GABLES, FL 33134

**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 September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	RODRIGUEZ, ELIO M
STREET ADDRESS	299 ALHAMBRA CIR., SUITE 316
CITY-ST-ZIP	CORAL GABLES, FL 33134

TITLE	
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CITY-ST-ZIP	

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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 #

08-30-04 305-443-0096

ATTACHMENT 24083017
#L02000021846

CTC DEVELOPMENT GROUP, LLC.

299 Alhambra Circle, Suite # 316
Coral Gables, FL. 33134

Phone 305-443-0096
Fax 305-441-7184

August 30th, 2004

Florida Department Of State
Division Of Corporation
P.O. Box 6327
Tallahassee, Florida.

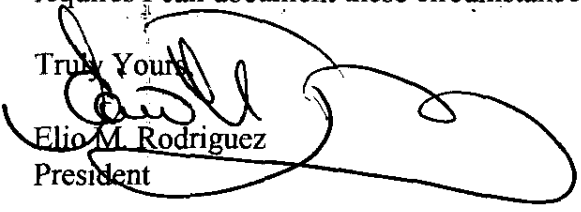
Re : Uniform Business Report

To Whom It May Concern,

Enclosed please accept my filing of the corporation and a check for the filing fees. I kindly request that the late fees be taken into consideration by the state, due to the fact that I was hospitalized and in rehabilitation from an accident I had early this year and nearly took my life.

In view of these circumstance, I would be grateful giving the opportunity to reinstate my corporation and rebuild my life again. These fees do make a difference when little or no income is being received. I am graceful that God allow me a chance to start my life again ! If the state requires I can document these circumstance.

Truly Yours


Elio M. Rodriguez
President

cc. File