

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90216 048 *****55.00

DOCUMENT # L02000022911

1. Entity Name

RODRIGUEZ EXPRESO, LLC



Principal Place of Business

**11416 WELLMAN DRIVE
RIVERVIEW FL 33569**

Mailing Address

**11416 WELLMAN DRIVE
RIVERVIEW FL 33569**

2. Principal Place of Business

11416 Wellman DR
Suite, Apt. #, etc.

3. Mailing Address

11416 Wellman DR
Suite, Apt. #, etc.

City & State

RIVERVIEW

City & State

RIVERVIEW

Zip

FL 33569

Country

USA

Zip

FL 33569

Country

U.S.A

4. FEI Number

54-2070190

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MCMICHAEL, TOMMIE D
11416 WELLMAN DRIVE
RIVERVIEW FL 33569**

7. Name and Address of New Registered Agent

Name Tommie D. McMICHAEL

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

11416 Wellman DR

City

RIVERVIEW

FL

Zip Code

33569

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

Tommie D. McMICHAEL

03-21-04

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 MGR
NAME MCMICHAEL, OMAIRA
STREET ADDRESS 11416 WELLMAN DRIVE
CITY-ST-ZIP RIVERVIEW FL 33569

TITLE C
NAME MCMICHAEL, OMAIRA
STREET ADDRESS 11416 WELLMAN DRIVE
CITY-ST-ZIP RIVERVIEW FL 33569

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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:

Tommie D. McMICHAEL

03-21-04

813-662-1852

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

Date

Daytime Phone #