2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)

L02000023352

DOCUMENT # L02000023352

1. Entity Name

HERICAN L.L.C.

FILED
May 04, 2004 8:00 A.M.
Secretary of State

Principal Place of Business	Mailing Address
8450 N.W. 70TH STREET MIAMI FL 33166	8450 N.W. 70TH STREET MIAMI FL 33166

MOORE   CR2E083 (11/03)

2. Principal Place of Business	3. Mailing Address	4. FEI Number 16-1626199	Applied For
SAHE	SAHE		Not Applicable
Suite, Apt. #. etc.	Suite, Apt. #. etc.		
City & State	City & State	5. Certificate of Status Desired ☒	$5.00 Additional Fee Required
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CANELA, HERIBERTO 8450 N.W. 70TH STREET MIAMI FL 33166	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, 2004

9.	MANAGING MEMBERS/MANAGERS		10.		ADDITIONS/CHANGES		
TITLE	VP	☐ Delete	TITLE			☐ Change	☐ Addition
NAME	CANELA, LISSETT		NAME				
STREET ADDRESS	8450 N.W. 70TH STREET		STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33166		CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE		30003656334	☐ Change	☐ Addition
NAME			NAME		03/27/03--01016--002 **450.00		
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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: _Lissette Canela_   4/15/04   (305)597-1664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #