

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 29, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000024125**

1. Entity Name  
PUINA, LLC.



Principal Place of Business  
1625 NORTH COMMERCE PARKWAY, #315  
WESTON, FL 33326

Mailing Address  
1625 NORTH COMMERCE PARKWAY, #315  
WESTON, FL 33326



02172004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
27-0030249

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

TOVAR, ILEANA A ESQ.  
WESTON TOWN CENTER  
1725 MAIN STREET, SUITE 205  
WESTON, FL 33326

**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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

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

U00000099056  
03/29/04-90057-021 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	NAVAS, NELSON
STREET ADDRESS	1625 NORTH COMMERCE PARKWAY, #315
CITY-ST-ZIP	WESTON, FL 33326
TITLE	MGR
NAME	PUIG, FERNANDO
STREET ADDRESS	1625 NORTH COMMERCE PARKWAY, #315
CITY-ST-ZIP	WESTON, FL 33326
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)(f), 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 #

2/27/04 (954) 389-6161