

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90275 045 ****50.00

DOCUMENT # L02000024434



1. Entity Name
MUELLE & ASSOCIATES, LLC

Principal Place of Business
**2100 CORAL WAY, STE. 310
MIAMI, FL 33145**

Mailing Address
**2100 CORAL WAY, STE. 310
MIAMI, FL 33145**

24017156



2. Principal Place of Business
2100 CORAL WAY
(Suite, Apt. #, etc.)
502

3. Mailing Address
2100 CORAL WAY
(Suite, Apt. #, etc.)
502

03042004 Chg-LLC CR2E083 (10/03)

City & State
MIAMI, FL
Zip
33145

City & State
MIAMI, FL
Zip
33145

4. FEI Number
59-2074699

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MUELLE, ALEJANDRO ESQ.
2100 CORAL WAY, STE. 310 502
MIAMI, FL 33145**

7. Name and Address of New Registered Agent

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.

ALEJANDRO MUELLE

(NOTE: Registered Agent signature required when reinstating)

3/4/04

DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
MULLE, ERIK A
2100 CORAL WAY, STE. 310 502
MIAMI, FL 33145** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
MULLE, ALEJANDRO
2100 CORAL WAY, STE. 310 502
MIAMI, FL 33145** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Change ☐ Addition

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☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

ALEJANDRO MUELLE

03/04/04

Date

Daytime Phone #

(305) 859-8360