

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 08:00-AM**  
**Secretary of State**

**DOCUMENT # L02000024560**

1. Entity Name  
**R&J ORTIZ, L.L.C.**



Principal Place of Business  
**1000 N.W. 150 STREET  
MIAMI, FL 33168 US**

Mailing Address  
**1000 N.W. 150 STREET  
MIAMI, FL 33168 US**



03152004No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**46-0499778**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

**ORTIZ, JOSEPH  
1000 N.W. 150 STREET  
MIAMI, FL 33168**

**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**

000000115506  
04/16/04-80027-003 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
ORTIZ, JOSEPH  
1000 N.W. 150 STREET  
MIAMI, FL 33168**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
ORTIZ, RITA  
1000 N.W. 150 STREET  
MIAMI, FL 33168**

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

**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)(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 #

*[Handwritten Signature]*  
**Tosha A. Ortiz** 4-14-04 305 681-1192