## 2004 LIMITED LIABILITY COMPANY

## ANNUAL REPORT (AR)

## DOCUMENT # L02000024583

1. Entity Name

TITLE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

## BERMONT ENTERPRISES LLC



**FILED** 

May 05, 2004 8:00 am Secretary of State 05-05-2004 90013 049 \*\*\*\*50.00

Mailing Address

Principal Place of Business 1321 SW 102TH AVE. MIAMI FL 33174-2724

1321 SW 102TH AVE. MIAMI FL 33174-2724

	•••		•			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE CR2E083 (11/03)		
City & State City		City & State		4. FEI Number 82-0553605	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$5.00 Additional Fee Required	
	6. Name and Address of Cu	rrent Registered Agent		7. Name and Address of New Registered	l Agent	
			Name			
MONTES, DANIA L				and the second s		
1321 SW 102TH AVE. MIAMI FL 33174-2724			Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
			City		Zin Codo	
, ,			City	F	Zip Code	
		Make Check Paya	NOW!!! FEE IS \$50.0 able to Florida Departr ue By May 1, 2004	AF ACH SPEECH SEEDER LOS VICTORIA		
9. MANAGING MEMBERS/MANAGERS			10.	ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME	MONTES, DANIA L		NAME			
STREET ADDRESS	1321 SW 102TH AVE.		STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33174-2724		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			
กละ		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME		3000	NAME		_ ,	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

11. I hereby certify that the information supplied with this filling 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.

TITLE

TITLE NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE:** 

☐ Change

☐ Change

Addition

Addition

GNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE SIGNATURE AND TYPED OR PRINTED NA

☐ Delete

Delete