

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 12, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000025146

1. Entity Name
VARMOs, L.L.C.



Principal Place of Business
**2480 W. 60 ST.
HIALEAH, FL 33016**

Mailing Address
**2480 W. 60 ST.
HIALEAH, FL 33016**



05042004No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-2075483

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ORTIZ, ROBERTO J ESQ.
CUEVAS & RUBIN, P.A.
536 BILTMORE WAY
CORAL GABLES, FL 33134**

**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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by September 8, 2004**

000000159844
05/12/04-800001-012 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
MOSQUERA, DARIO
2480 W. 60 ST.
HIALEAH, FL 33016**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
VARGAS, HECTOR
2480 W. 60 ST.
HIALEAH, FL 33016**

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 #

3055562372
6