2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED Feb 14, 2004 08:00 AM DOCUMENT # L02000026610 Secretary of State 1. Entity Name AIR FILTERS FOR LESS, LLC Mailing Address Principal Place of Business 10751 N.W. 23 ST. MIAMI FL 33172-2031 10751 N.W. 23 ST. MIAMI FL 33172-2031 100 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt #, etc. MOORE CR2E083 (11/03) Applied For City & State City & State 4. FEI Number 11-3657094 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Ш Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TAMAYO, ESTEBAN J Street Address (P.O. Box Number is Not Acceptable) 10751 N.W. 23 ST. MIAMI FL 33172-2031 Zip Code City 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 reinstalling) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. Addition ☐ Change ☐ Defete TITLE TITLE TAMAYO, ESTEBAN NAME U00000051350 NAME 02/16/04-80048-013 50.00 STREET ADDRESS 10751 N.W. 23 ST. STREET ADDRESS CITY-ST-ZIP MIAMI FL 33172-2031 CITY - ST - ZIP ☐ Change ☐ Addition Delete TITLE TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-2IP ☐ Delete TITLE ☐ Change Addition TITLE NAME SIAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition | Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY - SI - ZIP CMY-ST-ZIP 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.