

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90113 014 ***150.00

DOCUMENT # L02000027103

1. Entity Name
CENTRAL CASH LLC



Principal Place of Business
**2700 GLADES CIRCLE, SUITE 112
WESTON, FL 33327**

Mailing Address
**12051 GLENMORE DR
POMPANO BEACH, FL 33071**

24000000



2. Principal Place of Business
17110 Arvida Pkwy

3. Mailing Address
17110 Arvida Pkwy

Suite, Apt. #, etc.
St. 1

Suite, Apt. #, etc.
St. 1

City & State
Weston, FL

City & State
Weston, FL

Zip
33326

Country
USA

Zip
33326

Country
USA

04272004 Chg-LLC CR2E083 (10/03)

4. FEI Number
75-3086071

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CASTILLO, ALVARO B P.A.
1390 BRICKELL AVENUE, SUITE 200
MIAMI, FL 33131**

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.

(NOTE: Registered Agent signature required when reinstating)

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
**MGR
AVILA, ORLANDO ANDRE
2700 GLADES CIRCLE, SUITE 112
WESTON, FL 33327** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President
Bernardo Melutini
17110 Arvida Pkwy. St. 1
Weston, FL 33326** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
Orlando R. Avila
17110 Arvida Pkwy. St. 1
Weston, FL 33326** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
Marileya Octavio
17110 Arvida Pkwy. St. 1
Weston, FL 33326** ☐ Change ☒ Addition

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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

Marileya Octavio 4/28/04 954 888 6160

Date

Day/Me Phone #