

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

05-03-2004 90148 012 ****50.00

DOCUMENT # L02000028121

1. Entity Name

JULMA, L.L.C.



Principal Place of Business

1550 MADRUGA AVE., STE. 120
CORAL GABLES FL 33146

Mailing Address

1550 MADRUGA AVE., STE. 120
CORAL GABLES FL 33146

24064303

2. Principal Place of Business

3109 GRAND AVE

Suite, Apt. #, etc.
#268

City & State

MIAMI FL

Zip
33133

Country
USA

3. Mailing Address

3109 GRAND AVE

Suite, Apt. #, etc.
#268

City & State

MIAMI FL

Zip
33133

Country
USA



MOORE

CR2E083 (11/03)

4. FEI Number

47-0894769

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RIVLIN, MARK L
1550 MADRUGA AVE., STE. 120
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name

MAX STRANG

Street Address (P.O. Box Number is Not Acceptable)

3109 GRAND AVE, #268

City

MIAMI

FL

Zip Code

33133

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

4/30/04

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME STRANG, MAX
STREET ADDRESS 3109 GRAND AVE. #268
CITY-ST-ZIP MIAMI FL 33133

TITLE MGRM ☒ Delete
NAME POSSATI, JULIET
STREET ADDRESS 4091 PARK AVE.
CITY-ST-ZIP COCONUT GROVE FL 33133

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/30/03

Date

305-569-0068

Daytime Phone #