2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State
01-25-2005 90083 045 ****55.00

DOCUMENT # L02000028211

1. Entity Name
RUIZ-ANGELO REAL ESTATE, LLC
4395 N. LECANTO HWY STE. 134
BEVERLY HILLS, FL 34465

Principal Place of Business — Mailing Address
4395 N. LECANTO HWY. STE 134
BEVERLY HILLS. FL. 34465

01052005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
- SAME -	- SAME -
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 48-1294551 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RUIZ-ANGELO, EMILY
4395 N. LECANTO HWY STE134
BEVERLY HILLS FL. 34465

7. Name and Address of New Registered Agent

Name: RUIZ-ANGELO, EMILY
Street Address (P.O. Box Number is Not Acceptable): 4395 N. LECANTO HWY
STE. 134
City: BEVERLY HILLS FL Zip Code: 34465

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: JOAQUIN ANGELO [signature] DATE: 1/5/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P RUIZ-ANGELO, EMILY SAME AS ABOVE ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ANGELO, JOAQUIN C SAME AS ABOVE ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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] JOAQUIN ANGELO 1/5/05 (352)527-1888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #