

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90188 046 ****50.00

DOCUMENT # L02000029377

1. Entity Name
SIMIAN IMAGE & PRODUCT, L.L.C.



Principal Place of Business
**300 BISCAYNE BLVD. WAY
400B OFFICE
MIAMI BEACH, FL 33139 US**

Mailing Address
**1200 WEST AVE.
APT. #317
MIAMI BEACH, FL 33139 US**

24018805



2. Principal Place of Business

245 NE 1st Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

419

City & State

MIAMI FL

City & State

Zip

Country

33131

DADE

Zip

Country

03022004 Chg-LLC CR2E083 (10/03)

4. FEI Number **46-0506276**
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RIOS, ELSA C
1800 W. 49TH STREET
SUITE 301
HIALEAH, FL 33012**

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 resigning)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **GIL, HUGO C**
STREET ADDRESS **1200 WEST AVE., #317**
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE **MGR** ☐ Delete
NAME **CARDOSO, HELOISA**
STREET ADDRESS **1200 WEST AVE., #317**
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

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
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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

3/1/04 3055776169
Date Daytime Phone #