

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90197 004 ****50.00

DOCUMENT # L02000030300

1. Entity Name

TIGERTAIL DEVELOPERS, LLC



Principal Place of Business

5001 SW 74TH COURT, SUITE 104
MIAMI FL 33155

Mailing Address

5001 SW 74TH COURT, SUITE 104
MIAMI FL 33155

2. Principal Place of Business

2610 SW 28 LN

Suite, Apt. #, etc.

3. Mailing Address

2610 SW 28 LN

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33133

Country

USA

Zip

33133

Country

USA

4. FEI Number

43-2008376

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PILA, THOMAS A-ESQ.
PILA & ASSOCIATES, P.A.
2525 SW THIRD AVENUE, SUITE 304
MIAMI FL 33129

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

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 GONZALEZ, CARLOS E
STREET ADDRESS 5001 SW 74TH CT #104
CITY-ST-ZIP MIAMI FL 33155

TITLE MGRM ☐ Delete
NAME PILA-GONZALEZ, BEATRICE
STREET ADDRESS 5001 SW 74TH CT #104
CITY-ST-ZIP MIAMI FL 33155

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 2610 SW 28 LN
CITY-ST-ZIP MIAMI, FL. 33133

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2610 SW 28 LN
CITY-ST-ZIP MIAMI, FL. 33133

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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

CARLOS E. GONZALEZ

Date

Daytime Phone #

305.856.7916