

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000031458

1. Entity Name
V. MANUEL ROCHA, LLC



Principal Place of Business

**C/O CORPORATE INTERNATIONAL REG. AGENTS
200 SOUTH BISCAYNE BLVD., 41ST FLOOR
MIAMI, FL 33131**

Mailing Address

**C/O CORPORATE INTERNATIONAL REG. AGENTS
200 SOUTH BISCAYNE BLVD., 41ST FLOOR
MIAMI, FL 33131**



03262004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
71-0915695

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATE INTERNATIONAL REG. AGENTS, INC.
200 SOUTH BISCAYNE BLVD., 41ST FLOOR
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

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**

000000110544
04/12/04-51087-019 \$0.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
V. MANUEL ROCHA, LLC
200 SOUTH BISCAYNE BLVD., SUITE 4100
MIAMI, FL 33131**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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:

V. Manuel Rocha

April 9, 2004 305-577-4766

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

Date

Daytime Phone #