

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90495 001 ****55.00

DOCUMENT # L02000032257

1. Entity Name
151 E. OKEECHOBEE RD., LLC



Principal Place of Business
780 NORTHWEST LEJEUNE ROAD, SUITE 516
MIAMI, FL 33126

Mailing Address
780 NORTHWEST LEJEUNE ROAD, SUITE 516
MIAMI, FL 33126

29034400

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01072004 Chg-LLC CR2E083 (10/03)

4. FEI Number
36-4513919

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PIEDRA, AVRELIO A
780 NW 42ND AVENUE
SUITE 516
MIAMI, FL 33126

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

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME DEL REY, JULIO
STREET ADDRESS 780 NORTHWEST LEJEUNE ROAD, SUITE 516
CITY-ST-ZIP MIAMI, FL 33126

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

TITLE MGR ☐ Delete
NAME DEL REY, MARCIA
STREET ADDRESS 780 NORTHWEST LEJEUNE ROAD, SUITE 516
CITY-ST-ZIP MIAMI, FL 33126

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

TITLE T ☐ Delete
NAME DEL REY, MARCIA
STREET ADDRESS 780 NORTHWEST LEJEUNE ROAD, SUITE 516
CITY-ST-ZIP MIAMI, FL 33126

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

TITLE S ☐ Delete
NAME DEL REY, JULIO
STREET ADDRESS 780 NORTHWEST LEJEUNE ROAD, SUITE 516
CITY-ST-ZIP MIAMI, FL 33126

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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

Date

Daytime Phone #

4-1-04