

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000033488

1. Entity Name
OCEAN DRIVE CHILIAN, LLC



Principal Place of Business
**477 S. ROSEMARY AVE., #209
WEST PALM BEACH, FL 33401**

Mailing Address
**477 S. ROSEMARY AVE., #209
WEST PALM BEACH, FL 33401**



01212004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number
57-1142702

Applied For
Not Applicable

5. Certificate of Status Desired ☐

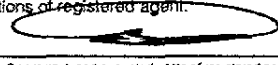
\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SOLO, ANTHONY P
477 S. ROSEMARY AVE., #209
WEST PALM BEACH, FL 33401**

**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 LLC, if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE: **2-4-04**

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

**U000000053631
02/16/04-80139-015 50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
SOLO, ANTHONY P
477 S. ROSEMARY AVE., #209
WEST PALM BEACH, FL 33401**

TITLE
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STREET ADDRESS
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2-4-04 561 833-3900

Date

Daytime Phone #