

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2004 8:00 am**  
**Secretary of State**

02-16-2004 90160 031 \*\*\*\*50.00

**DOCUMENT # L02000034637**

1. Entity Name

**ALGRIC SOLUTIONS LLC**



Principal Place of Business

1756 N BAYSHORE DR.  
16 C  
MIAMI FL 33132  
US

Mailing Address

1756 N BAYSHORE DR.  
16 C  
MIAMI FL 33132  
US

2. Principal Place of Business

**3625 NW 82nd Avenue**

3. Mailing Address

**3625 NW 82nd Avenue**

Suite, Apt. #, etc.

**Suite 305**

Suite, Apt. #, etc.

**Suite 305**

City & State

**Miami, Florida**

City & State

**Miami, Florida**

Zip

**33186**

Country

**USA**

Zip

**33166**

Country

**USA**



MOORE

CR2E083 (11/03)

4. FEI Number

**82-0582207**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**GORZIGLIA, ADRIAN L  
1000 VENETIAN WAY  
602  
MIAMI FL 33139**

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

**ADRIAN GORZIGLIA**

(NOTE: Registered Agent signature required when reinstating)

**02/05/04**

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 TRONFI, RICARDO D  
STREET ADDRESS 1756 N BAYSHORE DR, SUITE 16 C  
CITY-ST-ZIP MIAMI FL 33132

TITLE MGRM ☐ Delete  
NAME GORZIGLIA, ADRIAN L  
STREET ADDRESS 1000 VENETIAN WAY, # 602  
CITY-ST-ZIP MIAMI FL 33139

TITLE ☐ Delete  
NAME **ADRIAN GORZIGLIA**  
STREET ADDRESS **3625 NW 82nd Avenue Suite 305**  
CITY-ST-ZIP **Miami, FL 33166**

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 MGRM ☐ Change ☒ Addition  
NAME **EVALDO AMARAL**  
STREET ADDRESS **3625 NW 82nd Ave. suite 305**  
CITY-ST-ZIP **Miami, FL 33166**

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

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

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

TITLE ☐ Change ☐ Addition  
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

**ADRIAN GORZIGLIA**

**02/05/04**

**305 640-1977**

Date

Daytime Phone #