

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90291 035 ****55.00

DOCUMENT # 1-03000001313

1. Entity Name

ACCESS FINANCIAL SOLUTIONS, LLC



Principal Place of Business

8702 NW 170TH TERRACE
MIAMI FL 33018

Mailing Address

8702 NW 170TH TERRACE
MIAMI FL 33018

2. Principal Place of Business

8405 NW 53rd Street

3. Mailing Address

8405 NW 53rd Street

Suite, Apt. #, etc.

B202

Suite, Apt. #, etc.

B202

City & State

Miami, FL

City & State

Miami, FL

Zip

33166

Country

USA

Zip

33166

Country

USA

4. FEI Number

11-6581136

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOJENA, ADA
8043 NW 200TH STREET
MIAMI FL 33015

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
NAME
STREET ADDRESS
CITY- ST- ZIP
President
John Mojena
1100 SW 21 Ave
Miami, FL 33135

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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10. ADDITIONS/CHANGES

TITLE
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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:

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

Date

Daytime Phone #

2-19-04 305-470-6300