2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 18, 2005 8:00 am
Secretary of State
02-18-2005 90132 024 ****50.00

DOCUMENT # L03000004969

1. Entity Name

C.M. NUNEZ, LLC

Principal Place of Business	Mailing Address
1536 ALGARDI AVE CORAL GABLES FL 33146	1536 ALGARDI AVE CORAL GABLES FL 33146

400012369

1st MOORE CR2E083 (10/04)

2. Principal Place of Business	3. Mailing Address
1536 ALGARDI AVE.	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CORAL GABLES, FLA.	City & State
Zip: 33146 Country: USA	Zip Country

4. FEI Number 30-0152203 ☐ 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
DUARTE-VIERA, ANIBAL J 8550 NW 33RD STREET STE. 200 MIAMI FL 33122	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 ANIBAL J. DUARTE-VIERA 2-14-05
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, 2005

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	NUNEZ, CESAR		NAME		
STREET ADDRESS	1536 ALGARDI AVE		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33146		CITY-ST-ZIP		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	NUNEZ, MADELEINE		NAME		
STREET ADDRESS	1536 ALGARDI AVE		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33146		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: CESAR NUNEZ 2-14-05 305 662-7118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #