

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 01, 2004 8:00 am
Secretary of State

05-03-2004 90136 049 ****50.00

DOCUMENT # L03000005285

1. Entity Name

K.L. ARELLANO, L.L.C.



Principal Place of Business

17343 10TH STREET, P.O. BOX 560012
MONTVERDE FL 34756

Mailing Address

17343 10TH STREET, P.O. BOX 560012
MONTVERDE FL 34756

2. Principal Place of Business

17343 10th ST.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 560012

Suite, Apt. #, etc.



MOORE

CR2E083 (11/03)

City & State

MONTVERDE FL

City & State

MONTVERDE FL

4. FEI Number

11-3678796

Applied For

Not Applicable

Zip

34756

Country

USA

Zip

34756

Country

USA

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOODS, JONATHAN D
425 WEST COLONIAL DRIVE, SUITE 204
ORLANDO FL 32804

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 reappointing)

DATE

4/29/04

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE: Manager
NAME: Karin Arellano
STREET ADDRESS: 17343 10th St.
CITY- ST- ZIP: P.O. Box 560012
Montverde, FL 34756

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10. ADDITIONS/CHANGES

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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 #

4/29/04