

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90015 023 \*\*\*\*50.00

DOCUMENT # L03000006284

1. Entity Name

ORDINO INVESTMENTS L.L.C.



Principal Place of Business

1150 N.W. 72ND AVE. SUITE 555  
MIAMI FL 33126

Mailing Address

1150 N.W. 72ND AVE. SUITE 555  
MIAMI FL 33126

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E083 (11/03)

4. FEI Number

20-09 69331

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

REYNALDOS, JUAN ASENSI  
1150 N.W. 72ND AVE. SUITE 555  
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

4779 COLLINS AVE # 3803

City

MIAMI BEACH

FL

Zip Code

33140

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]*  
Signature, typed or printed name of registered agent and title if applicable.

REYNALDOS, JUAN ASENSI

4-30-04

(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 MGRM ☐ Delete  
NAME REYNALDOS, JUAN ASENSI  
STREET ADDRESS 1150 N.W. 72ND AVE. SUITE 555  
CITY-ST-ZIP MIAMI FL 33126

TITLE MGRM ☐ Delete  
NAME MARTIN, JUAN ASENSI  
STREET ADDRESS 1150 N.W. 72ND AVE. SUITE 555  
CITY-ST-ZIP MIAMI FL 33126

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 REYNALDOS, JUAN ASENSI  
STREET ADDRESS 4779 COLLINS AVE # 3803  
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE MGRM ☒ Change ☐ Addition  
NAME MARTIN, JUAN ASENSI  
STREET ADDRESS 4779 COLLINS AVE # 3803  
CITY-ST-ZIP MIAMI BEACH, FL 33140

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]*

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

Juan A. ASENSI

5/10/04

Date

305-994-7572

Daytime Phone #