

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90016 040 ****50.00

DOCUMENT # L03000006515 1. Entity Name DON POLLO FL, LLC					
Principal Place of Business 1401 UNIVERSITY DR., STE. 301 CORAL SPRINGS, FL 33071			Mailing Address 1401 UNIVERSITY DR., STE. 301 CORAL SPRINGS, FL 33071		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 266366 Suite, Apt. #, etc.			
City & State Zip		City & State Weston, FL Zip 33326		Country US	
4. FEI Number 02-0678161				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				02092005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent HUME, JOHN HUME & JOHNSON, P.A. 1401 UNIVERSITY DR., STE. 301 CORAL SPRINGS, FL 33071			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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM FINOL, ANDRES A 1401 UNIVERSITY DRIVE #301 CORAL SPRINGS, FL 33071	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR. FINOL ANDRES A. 2853 Executive Park Dr. St.202 Weston, FL 33331	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
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: <i>Andres A. Finol</i>			3/1/05 954-384-0587		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		