

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000011303

**FILED**  
**Jul 21, 2004**  
**Secretary of State**

**Entity Name:** STINGRAY EMBROIDERY LC

**Current Principal Place of Business:**

1201 BRICKELL AVE. SUITE 220  
MIAMI, FL 331313207

**New Principal Place of Business:**

6065 NW 167 ST  
UNIT B14  
MIAMI, FL 33015

**Current Mailing Address:**

1201 BRICKELL AVE. SUITE 220  
MIAMI, FL 331313207

**New Mailing Address:**

6065 NW 167 ST  
UNIT B14  
MIAMI, FL 33015

**FEI Number:** 04-3758325

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GEOFFREY M. WAYNE, P.A.  
1201 BRICKELL AVE. SUITE 220  
MIAMI, FL 331313207

**Name and Address of New Registered Agent:**

CHOCRON, SANTOS  
6065 NW 167 ST  
UNIT B14  
MIAMI, FL 33015

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.

SIGNATURE: SANTOS CHOCRON

07/21/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: CHOCRON, SANTOS S  
Address: 6065 NW 167TH ST, UNIT B14  
City-St-Zip: MIAMI, FL 33015

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: SANTOS CHOCRON

MGRM

07/21/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date