

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90128 013 ****50.00

DOCUMENT # L03000012492

1. Entity Name
RODRIGUEZ, VIGNAU LLC



24000688

Principal Place of Business
**5985 BUENA VISTA COURT
BOCA RATON, FL 33433 US**

Mailing Address
**5985 BUENA VISTA COURT
BOCA RATON, FL 33433 US**



2. Principal Place of Business
5986 Buena Vista Ct.
Suite, Apt. #, etc.

3. Mailing Address
5986 Buena Vista Ct.
Suite, Apt. #, etc.

01082004 Chg-LLC CR2E083 (10/03)

City & State
Boca Raton, FL
Zip **33433** Country **Palm Beach**

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Boca Raton, FL
Zip **33433** Country **Palm Beach**

4. FEI Number Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**RODRIGUEZ, ANTONIO
5986 BUENA VISTA COURT
BOCA RATON, FL 33433**

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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **RODRIGUEZ, ANTONIO**
STREET ADDRESS **5986 BUENA VISTA COURT**
CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE **MGR** ☐ Delete
NAME **VIGNAU, LYDIA P**
STREET ADDRESS **5986 BUENA VISTA COURT**
CITY-ST-ZIP **BOCA RATON, FL 33433**

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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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: Antonio Rodriguez (ANTONIO RODRIGUEZ) 1/8/04 (561)338-7108
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #