

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 31, 2004 8:00 am**  
**Secretary of State**

08-31-2004 90031 036 \*\*\*\*50.00

DOCUMENT # L03000012708

1. Entity Name  
KEYLEROS, LLC



Principal Place of Business  
SUITE 200 GRAND BAY PLAZA  
2665 SOUTH BAYSHORE DRIVE  
MIAMI, FL 33133

Mailing Address  
SUITE 200 GRAND BAY PLAZA  
2665 SOUTH BAYSHORE DRIVE  
MIAMI, FL 33133



2. Principal Place of Business  
2950 SW 27th Ave

3. Mailing Address  
2950 SW 27th Ave

Suite, Apt. #, etc.  
Suite 300

Suite, Apt. #, etc.  
Suite 300

City & State  
Miami, FL

City & State  
Miami, FL

Zip Country  
33133 USA

Zip Country  
33133 USA

08232004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
13-4247279

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

GARCIA, EDUARDO JR  
SUITE 200 GRAND BAY PLAZA  
2665 SOUTH BAYSHORE DRIVE  
MIAMI, FL 33133

## 7. Name and Address of New Registered Agent

Name  
Garcia, Eduardo Jr.  
Street Address (P.O. Box Number is Not Acceptable)  
Suite 300 Grove Professional Bldg.  
2950 SW 27th Ave  
City Miami FL Zip Code 33133

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 reinstating)

Eduardo Garcia

8-25-04

DATE

Filing Fee is \$50.00  
Due by September 8, 2004

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
manager  
Rolando Delgado  
2950 SW 27th Ave, Suite 300  
Miami, FL 33133

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

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

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

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

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:

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

Rolando Delgado

8-25-04

Date

305-285-0800

Daytime Phone #