

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 13, 2004 8:00 am
Secretary of State

03-31-2004 90350 042 ****50.00

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MOORE CR2E083 (11/03)

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| DOCUMENT # L03000012836 | | | |
| 1. Entity Name MR. ADOBO, LLC | | | |
| Principal Place of Business 1495 SEMINOLE BLVD. CASSELBERRY FL 32707 suite 1019 | | Mailing Address 1495 SEMINOLE BLVD. CASSELBERRY FL 32707 suite 1019 | |
| 2. Principal Place of Business | | 3. Mailing Address 1495 Seminola Blvd suite 1019 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State Casselberry | |
| Zip | Country | Zip | Country |
| | | 32707 | Seminole |
| 8. Name and Address of Current Registered Agent RUTECKI, MARK C ESQ 215 CELEBRATION PLACE, STE. 500 CELEBRATION FL 34747 | | 4. FEI Number 22-3872449 | |
| | | Applied For Not Applicable | |
| | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 8. Name and Address of Current Registered Agent | | 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 | | DATE 5/12/04 | |
| Signature, typed or printed name of registered agent and (if applicable) | | (NOTE: Registered Agent signature required when re-registering) | |
| <p>FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004</p> | | | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEO Luis E. Hernandez 1495 Seminola Blvd Casselberry FL 32707 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: | | DATE: 3/19/04 (407) 696-0011 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | DATE | |