

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000013225

Entity Name: ITA SARAGA, LLC

**FILED**  
**Jun 01, 2004**  
**Secretary of State**

**Current Principal Place of Business:**

19333 COLLINS AVE., STE. #1004  
SUNNY ISLES, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

19333 COLLINS AVE., STE. #1004  
SUNNY ISLES, FL 33160

**New Mailing Address:**

FEI Number: 55-0828593

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MOYAL, PATRICK  
208 N. UNIVERSITY DR.  
PEMBROKE PINES, FL 33024 US

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

SARAGA, ITA  
19333 COLLINS AVE  
#1004  
SUNNY ISLES, FL 33160 US

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: ITA SARAGA

06/01/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: SARAGA, ITA  
Address: SUITE #1004  
City-St-Zip: SUNNY ISLES, FL 33160

**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: ITA SARAGA

MGR

06/01/2004

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