

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Aug 25, 2004 8:00 am**  
**Secretary of State**

**DOCUMENT # L03000013869**

1. Entity Name

ALBARELLI HOLDINGS, LLC



03-03-2004 90150 013 \*\*\*\*50.00

08-25-2004 90042 038 \*\*\*\*50.00

Principal Place of Business

1835 MAIN STREET, STE. 101  
WESTON FL 33326

Mailing Address

1835 MAIN STREET, STE. 101  
WESTON FL 33326

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-0618266

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

MOORE

CR2E083 (4/04)



6. Name and Address of Current Registered Agent

TORREALBA, AGUILES  
1835 MAIN STREET, STE. 101  
WESTON FL 33326

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State**

**Due By September 6, 2004**

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM ☐ Delete  
NAME BERTORELLI, RAFAEL  
STREET ADDRESS 1835 MAIN STREET, STE. 101  
CITY-ST-ZIP WESTON FL 33326

TITLE MGRM ☒ Delete  
NAME TORREALBA, AGUILES  
STREET ADDRESS 1835 MAIN STREET, STE. 101  
CITY-ST-ZIP WESTON FL 33326

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 MGRM ☐ Change ☒ Addition  
NAME MOTA, FREDDY  
STREET ADDRESS 1835 Main Street, Suite 101  
CITY-ST-ZIP Weston, FL, 33326

TITLE MGRM ☐ Change ☒ Addition  
NAME RICARDO LA CRUZ  
STREET ADDRESS 1835 Main Street, Suite 101  
CITY-ST-ZIP Weston, FL, 33326

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

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

8/19/04

(954) 3897118

Date

Daytime Phone #