

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 18, 2004 8:00 am**  
**Secretary of State**

02-18-2004 90099 037 \*\*\*\*50.00

**DOCUMENT # L03000014172**

**1. Entity Name**

**MARKETPLACE DESIGNERS, LLC**



**Principal Place of Business**

**11391 SW 64 ST.  
MIAMI FL 33173**

**Mailing Address**

**11391 SW 64 ST.  
MIAMI FL 33173**

**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**

**74.3087950.**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**GARAY, SILVANA  
11391 SW 64 ST.  
MIAMI FL 33173**

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

**02-03-04**

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

**Make Check Payable to Florida Department of State  
Due By May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

☐ Delete

**P**  
**TRIGUEROS, RODOLFO R**  
**11391 SW 64 ST.**  
**MIAMI FL 33173**

**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**

☐ Change ☒ Addition

**VICE PRESIDENT**  
**GARAY, SILVANA - M.**  
**11391 SW 64 STREET**  
**MIAMI - FL - 33173**

**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:**

**RODOLFO R. TRIGUEROS**

**02-03-04**

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

Date

Daytime Phone #