

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90436 023 \*\*\*\*\*50.00

**DOCUMENT # L03000014861**

**1. Entity Name**

**PRIDE HOMES OF RENAISSANCE, LLC**



**Principal Place of Business**

**12448 SW 127 AVENUE  
MIAMI FL 33186**

**Mailing Address**

**12448 SW 127 AVENUE  
MIAMI FL 33186**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E083 (11/03)

**4. FEI Number**

**74-3087993**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$5.00 Additional  
Fee Required**

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

**DUARTE-VIERA, ANIBAL J  
8550 NW 33RD ST., STE. 200  
MIAMI FL 33122**

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

Name

**Duarte-Viera Anibal J.**

Street Address (P.O. Box Number is Not Acceptable)

**5835 Blue Lagoon Drive, Suite 200**

City

**MIAMI**

**FL**

Zip Code

**33122**

**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.

**Anibal J. Duarte-Viera**

(NOTE: Registered Agent signature required when reinstating)

**3-4-04**

DATE

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

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

**9. MANAGING MEMBERS/MANAGERS**

**TITLE** MGRM ☐ Delete  
**NAME** GARCIA, CARLOS  
**STREET ADDRESS** 9485 SUNSET DR., STE. A-295  
**CITY-ST-ZIP** MIAMI FL 33173

**TITLE** MGRM ☐ Delete  
**NAME** SIERRA, FILIBERTO  
**STREET ADDRESS** 9485 SUNSET DR., STE. A-295  
**CITY-ST-ZIP** MIAMI FL 33173

**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** ☒ Change ☐ Addition  
**NAME** GARCIA Carlos  
**STREET ADDRESS** 12448 S.W. 127 Ave  
**CITY-ST-ZIP** Miami, FL 33186

**TITLE** ☒ Change ☐ Addition  
**NAME** Sierra Filiberto  
**STREET ADDRESS** 12448 S.W. 127 Ave  
**CITY-ST-ZIP** Miami, FL 33186

**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

**Carlos M. Garcia**

Date

Daytime Phone #