

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90151 011 ****50.00

DOCUMENT # L03000015523

1. Entity Name
GAROE HOLDINGS LLC



Principal Place of Business
7625 SW 84TH CT.
MIAMI, FL 33143

Mailing Address
7625 SW 84TH CT.
MIAMI, FL 33143

20008590



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01182005 Chg-LLC CR2E083 (10/03)

4. FEI Number
54-2110019

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

BALOYRA, JOSE L
GRAND BAY PLAZA
2665 S BAYSHORE DR, STE 200
COCONUT GROVE, FL 33133

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

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BENITEC, LORENZO ☐ Delete
7625 S.W. 84 CT.
MIAMI, FL 33143

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BENITEZ, LORENZO ☒ Change ☐ Addition
7625 S.W. 84 Ct.
MIAMI, FL 33143

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MORALES, ANTONIO ☐ Delete
7625 S.W. 84 CT
MIAMI, FL 33143

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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 606, Florida Statutes.

SIGNATURE:

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

2/9/2005 305 598-2850

Date

Daytime Phone #

ANTONIO MORALES MGR