2004 LIMITÉD LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMEN LENTE NAME VOME LLC	T # L03000016	6026	J. F.			FILE SECRETARY IVISION OF COI	D OF STATE	\mathcal{A}_{00}
VOIVIE LLC	•				' Li	IVISION OF CO	RPORATIONS	
Principal Place of Business Mailing Address					7 (04 MAR 29 /	MIN: 19	
2610 SW 5TH AVE. MIAMI FL 33129 2610 SW 5TH AVE. MIAMI FL 33129								
2. Principal Place of Business 3. Mail			Mailing Address					
Suite, Apt. #, etc.		Suite, Apt	Suite, Apt. #, etc.			MOORE	CR2E083 (11/03)	,
City & State		City & State	City & State			$^{\text{ber}}\mathcal{N}/\mathcal{A}$		pplied For ot Applicable
Zip			Zip Country		a. Certificate of Status Desired		Fee Require	
6. Name and Address of Current Registered Agent				Name	7. Name an	d Address of New I	Registered Agent	
FREIJO, OSCAR					eet Address (P.O. Box Number is Not Acceptable)			
2610 SW 5TH AVE. MIAMI FL 33129				Ju bel Addres		THE IS NOT WECEDIADI	-	
	00120				·			
				City			FL Zip Co	de
 The above named the obligations of r 	entity submits this stateme registered agent.	int for the purpose of	changing its regi	stered office or regis	tered agent, or b	ooth, in the State of Fl	onda I am familiar with	, and accept
SIGNATURE	typed or printed name of registered		ANOTE D	stared Agent signsture requ			DATE	
эдгэшч	CODES OF ENTIRED INSIDE OF THE STATE OF	\$3911 m-0 life it apparation		!!! FEE IS \$50.0	·	Hodoon		
		Make Ch	eck Payable to	Florida Departn May 1, 2004		U00000 03/08/04-1	90165-021 SO.	00
9.	MANAGING ME	MBERS/MANAGERS		10.		ADDITIONS	/CHANGES .	
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indicated on this limited liability of	hat the information supplies report is true and accurate ompany or the receiver or the	d with this filling does e and that my signaturustee empowered to	not qualify for the ire shall have the execute this rep	e exemption stated in same legal effect as ort as required by Cl	Section 119.07(if made under of napter 608, Florid	(3)(i), Florida Statutes ath, that I am a mana fa Statutes.	. I further certify that the aging member or managing member or managing member or managing member or managing members or mana	information ger of the
SIGNATUR	TURE AND TYPED OR PRINTED N	AME OF SIGNING MANAGE	YG MEMBER, MANAGI	ER, OR AUTHORIZED REP	RESENTATIVE	Date	Daytime Phone i	